



REDEVELOPMENT OF THE ROYAL EDINBURGH HOSPITAL CAMPUS

INITIAL AGREEMENT

Title

The title of the programme described in this document is “**Redevelopment of the Royal Edinburgh Hospital campus**”. This title will be used in all subsequent documentation.

Purpose of this Initial Agreement

This Initial Agreement (IA) sets out why NHS Lothian seeks to invest in the full development of the Royal Edinburgh Hospital (REH) campus.

The Initial Agreement establishes the need for investment, building on strategy documents to make the **case for change** within the strategic case. It prepares and appraises the long list of options within the economic case and recommends a **preferred way forward**, together with indicative costs, for detailed analysis within the Outline Business Cases that will be brought forward for each of the individual phases of the programme.

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1. EXECUTIVE SUMMARY

1.1 Introduction

This Initial Agreement (IA) begins the process of seeking approval to invest an estimated £60m (do minimum) to £181m (new build phased delivery of 400 beds) on the Royal Edinburgh Hospital (REH) campus. The document is separated into 2 sections, the first stating NHS Lothian's strategic intent to redevelop the Royal Edinburgh Hospital campus on a phased basis; this was informed by a masterplan and feasibility study which reported in April 2010. The second section describes the first phase of the programme.

The redevelopment programme will replace outmoded inpatient facilities on a number of hospital sites including Royal Edinburgh and Astley Ainslie Hospitals with modern 'fit for purpose facilities' and will further support NHS Lothian's ambition to be at the level of Scotland's best and amongst the top 25 health systems in the world.

A key underpinning philosophy will be that of maximising the opportunities to bring inward investment benefit and health gain to the wider Lothian communities both during procurement of the new hospital arrangements and for services that are developed in the community to support a shift in the balance of care. The campus redevelopment has been identified by the Edinburgh Community Planning Partnership Executive as an excellent programme to consider as a formal Public Social Partnership which will maximise community benefits making a significant contribution to achieving the Scottish Government's strategic objectives. This position will be looked at and developed over the coming months.

SECTION A – STRATEGIC INTENT TO REDEVELOP THE ROYAL EDINBURGH HOSPITAL CAMPUS

1.2 Strategic Case

1.2.1 The Strategic Context

NHS Lothian's current policies include its commitment to reducing the number of hospital and other sites it currently manages. This policy, reinforced by the economic downturn, prompted a decision on the 9th August 2010 by NHS Lothian's Finance and Performance Review Committee to retain the current REH campus and to aim for its maximum development. This decision was informed by a masterplan and feasibility study of the REH campus which reported in April 2010.

The Finance and Performance Review Committee reviewed the masterplan and feasibility study report and supported the recommendation to progress work required to develop an Initial Agreement reflecting the potential development of the REH campus with the view to collocating services from other hospital sites. This decision was further informed by NHS Lothian's Property and Infrastructure Strategy (2007) which is currently being updated. In line with the Scottish Government Health Directorate's Property Management Policy, NHS Lothian's Property and Infrastructure Strategy aims to ensure assets are used efficiently, coherently and strategically to support identified clinical strategies and models of care.

NHS Lothian recognises the significant benefits that can be achieved for the wider community by inward investment and securing social return on investment during both the procurement of the new hospital arrangements and in the longer term when commissioned. To this end, and in collaboration with our local authority partners, the campus redevelopment programme has been identified as a major opportunity to introduce a wide ranging and ambitious number of community benefit clauses. Working with our local authority partners and a range of other organisations we will investigate

opportunities for their introduction in areas such as new entrant trainees and social enterprise development in catering, recycling, transport and leisure sectors.

The services to be re-provided on the Royal Edinburgh Hospital campus include Mental Health, Learning Disabilities, Physical Rehabilitation, and Older People's services. All have joint strategies which are supported and approved by NHS Lothian and the four Lothian local authorities and reflect the principles of the overarching NHS Lothian Clinical Strategy. There are a number of local and national strategies, such as the NHS Lothian Clinical Strategy that are applicable to the programme as a whole that connect the different services in the programme scope to common aims in quality, efficiency and person-centred care.

NHS Lothian's Mental Health and Wellbeing Strategy Review 2005-2010 supported the shift in the balance from hospital-based care to services that provide care and treatment is available in the community as near to home as possible. In 2006 NHS Lothian provided an outline of the capital investments proposed for a programme of service changes that made up its strategic programme, "Improving Care Investing in Change" (ICIC). This included plans to deliver a major capital investment in a new Royal Edinburgh Hospital; a review of current service models and what is required to support them, including re-provided inpatient accommodation remains an important component of the recently approved Joint Mental Health and Wellbeing Strategy 2011-2016 'A Sense of Belonging'. It covers four high level change areas that focus on prevention, treatment and recovery.

The Lothian Learning Disabilities Strategy also seeks to provide a modernised programme of service provision that will include re-provision of the current inpatient service on the REH campus.

The Older People's Strategic Programme and Physical Disability & Complex Needs Strategic Programme have similar overarching strategic aims to that of the Joint Mental Health and Wellbeing Strategy and the Learning Disabilities Strategy.

NHS Lothian therefore seeks to replace outmoded inpatient facilities on a number of sites with fit-for-purpose accommodation that will allow the delivery of therapeutic care in an environment that provides appropriate levels of safety, privacy and dignity.

1.2.2 The Case for Change

In line with the programme's investment objectives there is a business need to provide:

- an environment that supports clinical effectiveness and safety
- a safe physical environment that promotes health and wellbeing
- services that will be safely accessible to patients, visitors and staff by public and private transport
- facilities that optimise the efficient use of energy, water, and waste management to reduce both revenue costs and the hospital's carbon footprint
- an environment that supports research and development and attracts and retains highly skilled staff.

Achievement of this will lead to the development of a modern and safe environment for inpatient care that will further support NHS Lothian's ambition to be amongst the top 25 health systems in the world and at the level of Scotland's best.

As well as efficient use of energy, water, waste management NHS Lothian aims to make more efficient use of its asset base and dispose of surplus assets.

The masterplan and feasibility study indicates that the campus can accommodate considerably more than will be required for mental health and learning disability services

and will be best developed on a phased basis over a period of time. This is described in more detail in section A (para. 2.3.4.1). Consequently, the intention is to relocate some services currently on the Astley Ainslie Hospital (AAH) site to the REH campus is currently being explored. It is also anticipated that there will be further available capacity which could facilitate Liberton Hospital services being relocated during later stages of the redevelopment.

Indicative phasing is described in the table below although the number of phases is yet to be determined and agreed;

Project	Services	Completion
1	Mental Health – Acute and Intensive Psychiatric Care inpatient services	2014
2	Physical Rehabilitation – Brain Injury and Neuro-rehabilitation, Stroke and Cardiac Rehabilitation, Care of the Elderly, Amputee and Prosthetic Rehabilitation, Neuroprogressive Disorders, Elderly Orthopaedic.	2016
3	Mental Health – Older People’s Mental Health, Adult Mental Health Rehabilitation, Inpatient Alcohol	2018
4	Learning Disability – Inpatient services	2020
5	Liberton - Older People’s services	2021

Following approval of the Initial Agreement more detailed Outline Business Cases (OBCs) and Full Business Cases (FBCs) will be developed for each of the phases and detailed plans will be brought forward for the services to be re-provided on the campus.

1.2.3 Risk

The main risks associated with the programme at this stage are in relation to funding uncertainties.

SECTION B – PHASE 1

1.3 Economic Case

This section of the IA documents the range of options that have been considered for the first phase of the programme. A design statement, critical success factors, long and short list of options has been created.

1.3.1 Design Statement

A Design Statement for services in the first phase (see Appendix 17) has been prepared to ensure that good design is utilised to achieve the best outcomes for these services. Further Design Statements will be developed to reflect the needs and objectives of other services in the subsequent phases of the programme.

1.3.2 The Long List

The following options for the delivery of mental health services were considered using the options framework:

- Do minimum – continue to provide services from the existing buildings whilst complying with the requirements of the Disability Discrimination Act and Fire Regulations

- Deliver all psychiatric services in the community.
- New build on the REH campus
- Part new build, part refurbishment on the REH campus
- New build on a non-NHS site.
- Re-provide current services on existing NHS sites in new build accommodation at:
 - St John's Hospital
 - Western General Hospital
 - Myreside at Royal Edinburgh Hospital campus
 - Astley Ainslie Hospital
 - Liberton Hospital
 - Royal Victoria Hospital
 - Royal Infirmary of Edinburgh

1.3.3 The preferred way forward (shortlist)

The following options have been shortlisted:

1. Do minimum - Provide services from the existing buildings whilst complying with the requirements of the Disability Discrimination Act (DDA) and current Fire Regulations
2. New build on the REH campus
3. Part new build, part refurbishment on the REH campus

1.3.4 Indicative Costs

To support the development of the Initial Agreement hub South East Scotland Limited (hubco) were asked to provide advice on the earlier masterplanning exercise. A key part of this work was to identify a potential phasing of the redevelopment, on the basis that this presented the only affordable solution in the current financial climate. Indicative capital costs for the redevelopment of the REH campus range from £60m (option 1 - do minimum), through £142m (option 3 – part new build, part refurbishment), to £181m (option 2 – 100% new build). Options 2 and 3 were based on delivering 400 beds on a phased basis.

1.4 Commercial Case

Hubco were engaged to provide expert input into the potential phasing and costing of the redevelopment of a campus, as envisaged under a masterplan, as part of further investigations into the potential campus infrastructure and future requirements of its phased development. The report and recommendations have informed the approach adopted.

Hubco confirmed that the first phase of the redevelopment could comprise a 90-bed unit but that this could be coupled with an element of the site-wide utilities and infrastructure upgrade and the detail of this in the report will be considered in the OBC for the first phase of the programme. The plan is that mental health acute and intensive psychiatric care services will be re-provided in this first phase.

1.5 Financial Case - Overall Affordability

Given the availability of capital funding at a national level, a revenue finance solution is the way to deliver this project. Initial modelling to review the affordability of the first phase indicates that it would be affordable in revenue terms, as the savings arising from bed reductions would offset the impact of the unitary charge. A contribution from the Scottish

Government towards the unitary charge has been assumed based on the letter dated 22nd March 2011 sent to NHS Board Chief Executives from Acting Director-General Health and Social Care and Chief Executive NHS Scotland, Derek Feeley.

Further phases will be progressed when affordability is tested through the Outline Business Case process.

1.6 Management Case – Project Management Arrangements

The REH campus redevelopment will form a component part of the overarching ICIC strategic change programme and will be managed within this strategic context. At an operational level the following arrangements will be put in place to ensure the successful development of the phases and production of OBCs:

- The phases will be managed employing PRINCE2 project management principles.
- The management structure for the project will have three levels:
 - Project Management Board
 - Stakeholder Board
 - Project Team.

Membership of the above will vary and reflect the stakeholders and project support needs of each of the individual phases.

- Quality Assurance processes will manage risks, project issues and change requests.

1.7 Recommended Way Forward

It is recommended that the preferred way forward shortlisted options are taken forward for evaluation within the OBCs for each phase.

Signed: 

Date: 10 April 2012

Project Sponsor

SECTION A

STRATEGIC INTENT TO REDEVELOP THE ROYAL EDINBURGH HOSPITAL CAMPUS

2. THE STRATEGIC CASE

2.1 Purpose

This Initial Agreement (IA) sets out why NHS Lothian seeks to invest in the full development of the Royal Edinburgh Hospital (REH) campus. The campus currently comprises of mental health and learning disability inpatient services; however, the longer term ambition is to add services from other hospital sites on a phased basis as part of the full development of the REH campus. Discussions have been taking place with leads and stakeholders of services on the Astley Ainslie Hospital (AAH) site. To take forward this work a re-provision programme has been established for Astley Ainslie services and this was formally mandated in December 2010.

The Royal Edinburgh Hospital campus redevelopment programme will replace outmoded inpatient facilities for services currently on the site and a number of inpatient services from other hospital sites. This will deliver fit-for-purpose accommodation that will allow the delivery of safe therapeutic care in an environment that provides appropriate levels of safety, privacy and dignity.

The purpose of the overarching IA is to secure agreement from the Capital Investment Group of the Scottish Government Health Directorates for NHS Lothian to proceed to develop Outline Business Cases for each of the phases of the development.

2.2 Part A: The Strategic Context

This section explains how the scope of the proposed programme fits within the existing business strategies of NHS Lothian. The organisations objectives and strategies reflect the Scottish Government's priorities of Wealthier and Fairer, Smarter, Healthier, Safer and Stronger and Greener. The ambitions of this programme are reflective of and contribute to NHS Lothian's support of these priorities.

This is reflected in this programme being identified as Edinburgh Community Planning Partnership Executive as an excellent programme to consider as a formal Public Social Partnership (PSP) which will maximise community benefits making a significant contribution to achieving the Scottish Government's strategic objectives. It is recognised that through this medium it is possible to enable the delivery of services more efficiently and with more person-centred outcomes for users of services, by putting co-production at the heart of service design and redesign. As well as the centrality of co-production, it is recognised that PSPs have the added benefit of giving all partners the potential opportunity to test out new service designs through piloting.

The services to be re-provided on the Royal Edinburgh Hospital campus include Mental Health, Learning Disabilities, Physical Rehabilitation, and Older People's services. All have joint strategies which are supported and approved by NHS Lothian and the four Lothian local authorities and reflect the principles of the overarching NHS Lothian Clinical Strategy. These Lothian strategies reflect and support a wider variety of national strategies, targets and standards which in turn reflect Scottish Government policy and ambition. The emerging NHS Lothian Clinical Strategy sets out the strategic clinical direction of clinical services over the coming years.

2.2.1 Organisational Overview

NHS Lothian is responsible for meeting the health needs of more than 850,000 people living in Edinburgh, the Lothians and beyond. An overview of the organisation, with

particular reference to its purpose, goals, and operational environment, is given in Appendix 1.

2.2.2 NHS Lothian's Quality Improvement Strategy 2011-2014

NHS Lothian's Quality Improvement Strategy aims to improve patients' experience and outcomes whilst identifying and eliminating waste. Through a range of improvement programmes, the strategy aims to support staff in providing person centred, safe, effective and efficient care. The strategy is in line with NHSScotland Healthcare Quality Strategy 2010 and NHS Lothian's Vision for the Future – Five Year Plan (2009-2014) set out in Appendix 1.

2.2.3 NHS Lothian Clinical Strategy

The NHS Lothian high level Clinical Strategy is currently being drafted following a period of engagement with a variety of stakeholders. The Strategy is based on seven key themes which will underpin our future models of care:

- Needs-based services (person centred)
- Effective, seamless and safe care
- Efficient services, outcomes focused
- Innovative learning organisation
- Partnership working
- Health improving
- Addressing health inequalities

The Clinical Strategy sets out an overarching direction for all of NHS Lothian's services taking account of NHS Scotland priorities, the strategic narrative for 2020, the need for integration across the health system and between health and other partners, the quality strategy ambitions and the important focus on reducing inequalities.

Principles which will be particularly relevant to the Royal Edinburgh Hospital Campus Redevelopment proposals are:

- 1) Only do in hospital that which can only be done there, shifting the balance to primary and community care and care at home
- 2) Disinvesting in estates and capital assets to reinvest in patient care
- 3) Redesigning hospital processes to reduce length of stay and maximise efficiency and patient experience
- 4) Redesign patient pathways focusing on maximising value and minimising waste from a patient's perspective
- 5) Designing patient pathways across the whole system, using information technology to improve the flow of information and take the service to the patient.

The Initial Agreement takes account of our strategic direction for mental health services as set out in "A Sense of Belonging" the joint strategy for improving the mental health and wellbeing of Lothian's population 2011-2016. This provides the strategic context for the clinical service facilities proposed in the first project of development on the Royal Edinburgh Hospital campus.

2.2.4 Mental Health and Wellbeing Strategy Review

The current Joint Mental Health and Wellbeing Strategy 'A Sense of Belonging' (2011 – 2016) is an extension of the previous 5 year strategy building upon the many successes and reflecting a further shift in the balance of care with further associated investment in community services with a consequent reduction in inpatient provision. This strategy was subject to a period of extensive public consultation during which there was overwhelming support for its overall ambitions and aspirations.

The Joint Mental Health and Wellbeing Strategy 'A Sense of Belonging' confirms that an enhanced range of community services are required with a consequent reduction in inpatient beds across Lothian. The adoption of a Public Social Partnership approach is being considered and community benefits in procurement (community benefit clauses) are being viewed as one of number of ways that will achieve social return on investments in terms of new builds and services that need to be redesigned or newly commissioned. Much of this change has already taken place as a result of joint plans developed with local authority and voluntary sector partners as a consequence of the 2005 – 2010 strategy. 24-hour access to community based services, including crisis support and intensive home treatment, is now available in all localities and acute inpatient mental health bed numbers are being reduced. Inpatient provision is now focused on two sites, the Royal Edinburgh Hospital and St John's Hospital in West Lothian.

It is acknowledged in the strategy that people with lived experience of mental health problems experience health inequalities. Part of this will be address through the models of care that put the person at the centre and brings access to services closer to their home.

2.2.5 Lothian Learning Disabilities Strategy

The Lothian Learning Disability Strategy recognises, in line with the national Learning Disabilities Strategy 'The Same As You?', that for a small number of people there is an ongoing need to access specialist services.

The Lothian Learning Disability Strategy recommends the following:

- NHS Lothian should re-configure the bed layout of existing acute assessment and treatment areas to provide smaller units and to include a female only provision.
- Achievement of the strategies stated values and required inpatient responses to people with learning disability and more complex needs are not possible within the current inpatient accommodation arrangements and its immediate environs.

The requirement for access to specialist services which appropriately achieve the aims of the Lothian Learning Disability Strategy will best be achieved in fit for purpose accommodation. Along with the Joint Mental Health and Wellbeing Strategy, the Lothian Learning Disability Strategy and NHS QIS Learning Disability Quality Indicators acknowledge health inequalities experienced by those with learning disabilities and it is hoped this can be addressed through re-provision as part of the overall redevelopment of the REH campus.

2.2.6 Strategic Programme - Older People

NHS Lothian, with partners across the local authorities and third sector, services users and carers are embracing the national 'Reshaping Care for Older People' vision and policy goals to;

- Recognise older people are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting.

- Optimise the independence and wellbeing of older people at home or in a homely setting. This will involve a substantial shift in focus of care from institutional settings to care at home – because it is what people want and provides better value for money.

Established joint plans and strategies have been further developed, which will address the key themes associated with rebalancing care from institutions to support being enhanced within wider community environments, with the key areas below providing the focus;

- Maximise flexible & responsive care at home with support for carers
- Integrate health & social care and support for people in need and at risk
- Reduce avoidable unscheduled attendances and admissions to hospital
- Improve capacity and flow management for scheduled care
- Extend scope of services provided by non medical practitioners outside acute hospital
- Improve access to care for remote and rural populations
- Improve palliative and end of life care
- Improve joint use of resources (revenue and capital)
- Build community capacity
- Support unpaid carers

The application of Change Fund allocations will act as a catalyst for sustainable planned reshaping of services for older people. The established joint plans, strategies and the preliminary work undertaken as a demonstrator site for the Integrated Resource Framework position the Lothian partnerships well to develop the required Joint Commissioning Plans and further investigation of the development of a Public Social Partnership approach over the next year.

The National Dementia Strategy aims to improve the quality of treatment and care for older people with dementia across services. Like 'A Sense of Belonging' it aims to remove the barrier of age to the equality of care and treatment. This has been acknowledged in the bedmodelling and benchmarking work to date which has considered the growing prevalence of dementia and the aging population profile of Lothian. The focus on older people care both locally and nationally affects all services within the scope of the redevelopment.

2.2.7 Strategic Programme - Physical Disability & Complex Needs

Lothian partners continue to strive to ensure that those with physical disabilities and complex needs have;

- The same opportunities to become involved in and use mainstream services
- Equable access to suitable, available and affordable transport
- Access to appropriate communication support
- People living at home have, accommodation that is adapted or alternative accessible accommodation is provided
- Ongoing health and social care is available in the community to enable people to remain at home or return home from hospital
- People are well informed and consulted and will become experts in their own needs
- There is a culture of informed risk taking
- Services put the person at the centre of their care
- Services work together with the person, their advocate and their family to provide a personalised service.

NHS Lothian, with partners across the local authorities and third sector, services users and carers are currently working through the service redesign programme from the 2008 five year strategy which will deliver the above vision.

2.2.8 Substance Misuse Strategy

NHS Lothian is a key partner in the 3 Lothian alcohol and drug partnerships (ADP/DAP) – Edinburgh, Midlothian and East Lothian, and West Lothian. The Edinburgh ADP has 3 high level outcomes it measures the success of its strategy;

1. Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs
2. Individuals and communities affected by alcohol and drugs are safer
3. More people achieve a sustained recovery from problem alcohol and drug use.

The indicators of the success of the strategy includes fewer people admitted to Edinburgh-based hospital with alcohol related illness, achieve the HEAT target by 2013 that service users will not wait longer than 3 weeks between referral and treatment starting, more service users complete treatment for alcohol and drug problems and move into recovery.

2.2.9 NHS Lothian's Local Delivery Plan and Relevant Health Improvement, Efficiency, Access and Treatment (HEAT) Targets

NHS Lothian's Local Delivery Plan is a key strategy document as it sets out the agreement reached with the Scottish Government on delivering the HEAT targets (these measure the contribution made by NHSScotland in achieving the Scottish Government's objectives).

At the end of 2010 the Scottish Government's HEAT targets were revised and new targets added. These include:

- **Health Improvement H5:** Reduce suicide rate and training of frontline staff in suicide assessment/prevention.
- **Access A10:** Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services; and 18 weeks referral to treatment for Psychological Therapies.
- **Access A11:** Maximum 3 week wait from referral to appropriate drug treatment of people with substance misuse problems.
- **Treatment T8:** Increase the level of older people with complex care needs receiving care at home.
- **Treatment T9:** Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with dementia.
- **Treatment T12:** reduce the number of emergency bed days for age group 75+.

To achieve the HEAT targets set out above, significant investment in 'home treatment' services has taken place; this has been predicated on the reduction in the overall number of inpatient beds.

2.2.10 NHS Lothian's Property and Infrastructure Strategy

NHS Lothian's current policies include its commitment to reducing the number of hospital and other sites it currently manages. This policy, reinforced by the economic downturn, prompted a decision on the 9th August 2010 by NHS Lothian's Finance and Performance Review Committee to retain the current REH campus and to aim for its maximum development. This decision was informed by a masterplanning and feasibility study of the REH campus which reported in April 2010.

The Finance and Performance Review Committee reviewed the masterplan and feasibility study report and supported the recommendation to progress work required to develop an Initial Agreement reflecting the maximum development of the REH site with the view to collocating services from other hospital sites.

It was acknowledged at the time that in view of the current financial constraints a single building was not viable and that the campus style plan suggested by a masterplan and feasibility study was a better match for the new models of care and would significantly improve accommodation for patients. This decision was further informed by NHS Lothian's Property and Infrastructure Strategy (2007) described below.

NHS Lothian developed the Property and Infrastructure Strategy to be fully supportive and integrated with clinical and other service strategies. The current version of the strategy, approved by Lothian NHS Board in March 2007, recognises the various ICIC work strands and is wholly consistent with the developments proposed under ICIC. This strategy is currently being updated.

The aim is achievement of category A or B for each of the above aspects; A – complies with all standards, B – acceptable but with minor non-compliance resulting from recent changes in standards. Where this is not the case, budget costs are identified to improve the scoring to that level. At the REH this would cost £60 million and at the AAH this would cost £18 million at the time of the survey. Since the survey, work has been carried out at both hospitals to help improve their scorings under the categories however it is acknowledged that the accommodation on both sites does not meet modern standards.

It is estimated that the cost of backlog maintenance to bring the properties to B Grade on Physical condition are:

REH – £14.498m Risk Score 20

AAH - £6.288m Risk Score 15

Liberton - £1.814m Risk Score 13

The AAH figure is split between Significant Risk and High Risk; £2.288m to £4m respectively. More detail from the Property and Asset Management Strategy 2011-2015 can be found in Appendix 2.

The Scottish Government's commitment to deliver a greener Scotland will be pursued through a focus on sustainability in all new developments and refurbishments. The ICIC programme, including the redevelopment of the Royal Edinburgh Hospital campus, will allow NHS Lothian to maximise the sustainability of its estate.

2.2.11 Other Relevant Policy Documents

Other relevant national policy documents are referenced in Appendix 3. These frame the high level policy aims and business goals of NHS Lothian from which the objectives for this investment flow.

Across the local and national policies and legislation there is a commonality among their themes/aims that link the different services and phases of the redevelopment;

- Reduce health inequalities and stigma.
- Provide care in the most appropriate environment for the patient through improving quality and access to healthcare services. For the most part, this refers to providing more care in the community and less hospital-based care.

Modern facilities will not only enable this discussion but provide an environment which better fits current and future models of care.

- Acknowledge the changing age demographics of the population and the aim to improve the quality of care for older people across mental health and physical care services.
- Better coordinated care across specialities and between community and inpatient services.
- Safe guarding the welfare, rights and dignity of patients is at their centre. This is best achieved within the hospital environment with facilities which meet current standards legislation and guidelines.

The aim of the redevelopment in re-providing services together is to achieve these aims through establishing an environment that promotes shared working, best practice, quality care and efficient models of care. These are reflected in the investment objectives that follow in Part B: The Case for Change.

Appendix 4 sets out how the Redevelopment of the Royal Edinburgh Hospital campus supports the ambitions of the local strategies outlined in 2.2.3 to 2.2.8.

2.3 Part B: The Case for Change

2.3.1 Investment Objectives

It is generally accepted that well-designed health buildings can help patients recover their spirits and their health, and have a positive effect on staff performance and retention. Such facilities should also improve the efficiency of operational relationships and provide better value for money in terms of whole-life costs. As previously indicated, this programme has been identified as an excellent programme to consider as a formal Public Social Partnership which will maximise community benefits making a significant contribution to achieving the Scottish Government's overarching strategic priorities. The objectives that follow are set within this context.

In broad terms the investment objectives are:

- To implement service models which support the services' strategic objectives by optimising the quality of safe inpatient care delivered in Edinburgh and the Lothians
- To ensure that care is structured around the needs of patients and delivered through an integrated (inpatient and community) pathway as agreed within the NHS Lothian Strategic Programmes
- To provide a physical environment that complies with modern standards of healthcare and that promotes the safety, dignity, and privacy of all patients in purpose-built facilities that significantly improve the patient experience
- To provide a better therapeutic environment allowing the delivery of more appropriate care that benefits patients and provides staff with improved working conditions
- To rationalise the existing estate and reduce costs with more efficient and sustainable facilities and infrastructure.

Specific investment objectives for this programme are to provide:

1. A clinical environment that supports **clinical effectiveness**.
2. A physical environment that promotes **health and wellbeing**
3. Easily and safely **accessible services**
4. Efficient, green and **sustainable facilities** for inpatient services
5. Facilities that support the **delivery of efficient services**
6. An environment that promotes **research and development**
7. A project that **minimises disruption to patients**.

They were derived with the involvement of stakeholders and patient representatives of service that will be re-provided on site and are SMART – specific, measurable, achievable, relevant and time constrained. Particular consideration has been given to ensuring that the investment objectives are both efficient (improving service delivery) and effective (improving quality). Appendix 5 gives a detailed breakdown of each objective and how it will be measured. It should be noted that service users and clinical staff from the services to be re-provided will be involved in establishing and agreeing the baseline position from which objectives will be measured. These will be reviewed with stakeholders and patient representatives of other services as outline business cases for the phases of the programme are brought forward.

Achievement of these objectives will lead to the development of a modern and safe environment for inpatient care that will further support NHS Lothian's ambition to be amongst the top 25 health systems in the world and at the level of Scotland's best. This will also remove the standards compliance and backlog liabilities of existing assets.

2.3.2 Sustainability Objectives

The Scottish Government's Construction Procurement Manual defines a sustainable development as meeting the needs of the present without compromising the ability of future generations to meet their own needs.

As already stated in the section above in investment objective 4, sustainability is a key objective of the redevelopment of the Royal Edinburgh Hospital campus. This will be achieved by establishing a number of requirements at the outset of the procurement:

- The construction supply team will be required to give evidence of knowledge and competence of sustainable construction.
- The procurement process will emphasise the importance of whole-life costing.
- The Design Brief will define targets for:
 - energy and water consumption and waste management during construction and in operation and the intended method of measurement
 - use of recycled material in the construction of the facility
 - minimising air, noise and dust pollution during construction and in operation and the intended method of measurement.
- Recognised environmental performance standards will be used, in this case the Building Research Establishment's Environmental Assessment Method (BREEAM)

BREEAM is the leading sustainability assessment tool for buildings. It sets out best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance.

In common with all NHSScotland's new build developments above £2m the redevelopment of services on the Royal Edinburgh Hospital campus is obligated to obtain a BREEAM Healthcare 'Excellent' rating; essentially, this requirement encapsulates the programme's sustainability objectives. Any refurbished areas will be required to obtain a 'Very Good' rating. Commitment to achieving these ratings will be given when seeking Outline Business Case approvals.

A licensed assessor will be appointed at the beginning of the design process to ensure that the assessment process is well planned and proceeds smoothly. This will also ensure that the delivered buildings are designed to be sustainable and efficient from the outset, optimising the investment required.

The programme design performance will be assessed in relation to the following categories:

- Management
- Health and wellbeing of the building's users
- Energy
- Transport
- Water usage
- Sustainable construction materials
- Waste
- Land Use and Ecology
- Pollution

Credits will be awarded under each category and added together to produce a single overall score on a scale of Pass, Good, Very Good, Excellent and Outstanding; the design will only be approved if it achieves an "excellent" rating.

2.3.3 Design Quality Objectives

The Design Statement is the first design control document produced for this programme and is consistent with NHS Lothian's overall vision contained within the strategic Design Action Plan. Design Statements will be used as a tool for briefing, communication, and programme promotion to describe the design intention/vision. They will subsequently be developed into the design brief, supplemented by more detailed briefing materials such as schedules of accommodation, key adjacencies, and room data sheets.

The Design Statement sets out NHS Lothian's objectives for the REH campus development in a series of agreed statements of intent drawn up by a representative group of stakeholders. It then defines benchmarks that will be used as reference points to measure design proposals against. The third part of the Design Statement is a plan of action that describes how the objectives and benchmarks will be used at key decision points throughout the programme from the development and consideration of the business case through to the eventual evaluation of the programme's success.

In conjunction with Design Statements this programme will use the Achieving Excellence Design Evaluation Tool (AEDET) to assess design quality throughout the procurement process and evaluate how successfully the design responds to the following objectives:

- **Impact** - the buildings need to create a sense of place and contribute positively to the lives of those who use them and are their neighbours.
- **Build Quality** - in terms of the technical and engineering aspects, the buildings need to be soundly built, easy to operate, and sustainable. Build quality also covers the actual process of construction and the extent to which any disruption caused is minimised.
- **Functionality** - the buildings need to serve their primary purpose and facilitate the activities of the people who carry out the functions inside and around the buildings.

A Design Statement for mental health and learning disability services is described in Section B (para 3.2). This will be used for the services in the first phase of the programme. Further Design Statements will be developed to reflect the needs and objectives for other services that transfer to the REH campus in later phases of the scheme.

As well as efficient use of energy, water, waste management NHS Lothian aims to make more efficient use of its asset base and dispose of surplus assets as part of the NHS Lothian's Property and Infrastructure Strategy.

2.3.4 Existing Arrangements

This section describes the existing situation in relation to both the REH campus buildings and services. The campus has a collection of buildings that were constructed between 1839 and 2001; these are described in Appendix 6 with a site plan given in Appendix 7.

2.3.4.1 The Royal Edinburgh Hospital Campus Masterplan and Infrastructure Consequences

Austin Smith Lord, an architectural practice with extensive masterplanning experience, was commissioned to undertake a study of the REH campus; their brief was to:

1. Consider alternative uses for existing REH buildings given that buildings may be retained if they can be effectively and economically converted to satisfy current clinical and sustainability (BREEAM) standards.
2. Develop a generic ward accommodation design which would suit a variety of patient groups.
3. Take account of co-locating mental health inpatient facilities with other services.
4. Develop alternative masterplans – providing 1) for existing mental health services and 2) for a maximum redevelopment of the site with additional inpatient services relocating from other hospital sites.
5. Review the road layout to segregate heavy vehicles, cars, and pedestrians wherever possible.
6. Establish how the site might be developed in an incremental way over a number of years, identifying both the location of development sites (for generic units based on an appropriate development model) and the order in which they could be progressed.

Their study concluded that most of the existing buildings were not fit for purpose and the majority could not efficiently be converted into single bedroom ward accommodation. However, the site has the capacity to provide more ward accommodation than is required by the services currently on site. It concluded that services from other hospital sites could be re-provided on the campus which would support the ambition to provide fit for purpose inpatient accommodation and reducing the number of hospital and other sites NHS Lothian currently manages. A summary of the masterplan and feasibility study's findings and recommendations are found in Appendix 8. An image of what full development of the site could look like in the future is in Appendix 9.

NHS Lothian's Finance and Performance Review Committee reviewed the outcome of the masterplanning and feasibility study at its August 2010 meeting. The Committee noted that in view of the financial position and constraints on public spending, the original Business Case for a single building was not a viable option. The Committee also noted that the proposals could involve the re-provision of services currently provided on other sites. This supports the policy position of reducing the number of sites and properties in NHS Lothian ownership in order to improve efficiency and reduce expenditure. The Committee strongly supported the proposal, in principle, noting that it would result in

significantly improved accommodation for patients and was a better match for the new models of care.

This decision and position reflects clinical views and opinion that the REH provides the best location for services currently on the site and services, particularly those of a physical rehabilitation nature, to collocate along with them. The Royal College of Psychiatrists Working Party on the size, structure, siting, and security of new acute adult psychiatric in-patients reported in 1998 in its report "Not just bricks and mortar".

The report and its recommendations has been used extensively across the UK NHS to inform new developments and remains as valid today as it was when first published. Indeed, the opening sentence of the reports Executive Summary reads; 'There is currently a need for new, smaller, more domestic acute in-patient psychiatric units. These must reflect current best practice and be of a standard which is likely to be acceptable to patients and staff well into the middle of the next century'. On this particular aspect the report goes on to say that, as well as being small, these units should strive to be as domestic as possible and to minimise an 'institutional' feel. The reports goes on to emphasise a considerable range of requirements that include the importance of the outside environment and having access to open green landscaped space to the importance of listening and responding to user views.

A total of 32 recommendations are contained in the report many of which will be met by the decision to have a campus style arrangement of smaller buildings on the site in a green landscaped environment. The stigma that accompanies mental illness and the old traditional institutions in which sufferers are cared for is comprehensively addressed in the report and a key recommendation it around siting new units on the site of a district general hospital where this is possible. The collocation of other general care focussed services on the site will go a considerable distance towards achieving this reduction in stigma as well as bringing the many other benefits of access to wider pools of clinical expertise from a range of rehabilitation oriented services.

Service users and clinicians alike frequently emphasise the importance of ready access to local amenities such as shops, libraries and leisure facilities for the purpose of functional ability and daily living skills assessment. It also forms a key element of rehabilitation programmes and recovery appraisals for many patient groups including those with acquired brain injury, mental illness and stroke. Continued location in the Morningside area of the city provides this access as well as the expressed support of community leaders for local hospitals remaining an integral and integrated part of the local community.

Typical assessments, treatment plans and rehabilitation programmes place some considerable emphasis on the patient's function across the domains of the Activities of Living (ALs) (Roper, Logan, Tierney; revised 2005). This is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Health professionals routinely refer to the ability or inability to perform ALs as a measurement of the functional status of a person. ALs are defined as "the things we normally do...such as mobility, shopping and feeding ourselves, bathing, dressing, grooming, pursuit of work and leisure".

For those in longer term treatment and rehabilitation, particularly where there are mental health problems, emphasis on feeling part of and reintegration into a community is of great importance. Placing the inpatient facilities in an area remote to a normal community environment is likely to thwart clinical endeavour resulting in slower recovery and higher risks of increasing institutional dependency. This will result in greater lengths of stay in hospital and treatment programmes that are not person centred.

For those who require intensive psychiatric treatment the Department of Health. 'National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments – Implementation Guide' 2002, advises that patients should be able to access fresh air and secure external space, preferably on the ground floor and a separate entrance to the rest of a hospital if in a single build. Although not formally adopted standards in NHS Scotland they are often used as a reference point for analysis such as in the NHSQIS Overview Report of IPCUs 2010. This environment is easier to achieve in phased individual buildings and therefore better fits models of care and inpatient environment standards.

The emerging aging population now means that two thirds of NHS beds are occupied by people who are 65 years old or older. Of this up to 60% in general hospitals will have or develop a mental disorder during admission according to Who Cares Wins (Royal College of Psychiatrists, 2005). As well as this, the Mental Welfare Commission for Scotland investigation 'Starved of Care' 2011 noted that there is benefit in services that care for older people working more collaboratively with older people mental health services. This links in with the National Dementia Strategy 2010 which sets out the priority to improve the response to dementia in general hospital settings. This is an example of how the redevelopment will enable very separate services to attain positive effects for the achievement of national strategies through co-location and taking onboard lessons learnt.

In relation to phasing and infrastructure, Hub South East Scotland Ltd (hubco) provided supplementary advice; this confirmed that a phased development was feasible with decentralised energy provision delivering a cost and energy efficient solution to flexibly meet the needs of the masterplan. The report and recommendations have informed this initial agreement. A summary report on the infrastructure requirements of a phased development on REH campus is in Appendix 10.

2.3.4.2 Current Services

The Royal Edinburgh Hospital provides acute psychiatric and mental health services, including assessment and treatment for learning disabilities and dementia. Specialist services include the treatment of eating disorders, alcohol problems and young people's mental health.

The services currently on the Royal Edinburgh Hospital campus and other sites included in the scope of this IA are as follows:

- **Adult Mental Health – Acute**

Currently there are 100 inpatient beds for the assessment and treatment of acute mental health problems; these are provided over four wards which are staffed by multi-professional teams. There is also a 12-bedded Intensive Psychiatric Care Unit. Admission to the inpatient service is co-ordinated by Intensive Home Treatment Teams, which are based in each of the localities. In addition, there are assessment and Community Mental Health Teams and a multi-agency crisis centre, which provides eight places and allows for short stay crisis support of up to 5 days. There are between 1,600 and 1,800 admissions annually. The introduction of new models of home treatment has resulted in significant reductions in the length of stay in hospital and high-level bedmodelling suggests that a reduced number of beds will be required to support the service.

- **Adult Mental Health – Rehabilitation**

This is a 75 inpatient bedded service that provides a mixed economy of slow stream and longer term rehabilitation to service users in advance of discharge

from hospital, usually to some form of supported accommodation and community services.

- **Older People's Mental Health**

There are a total of 163 beds providing assessment and treatment, continuing care and dementia care services. A network of community services and joint working arrangements with local authority and third sector partners supports this service and continues to be developed. NHS Lothian and partners have developed a Dementia Action Plan (2009-2011) which reflects the same five work streams which are contained within the National Dementia Strategy:

- Treatment and improving the response to behaviours that carers and staff find challenging
- Assessment, diagnosis and the patient pathway - improving the journey of people with dementia and their carers
- Improving the general service response to dementia
- Rights, dignity and personalisation
- Health improvement, public attitudes and stigma

Midlothian is one of three national exemplar projects funded by the Scottish Government to improve service provision for people with dementia. The focus of the Midlothian project is on patient and carer narratives and how these can be used to inform service redesign and delivery.

Strategic Planning Groups in Lothian have begun to use the matched care model to develop delivery plans for a number of mental health conditions and illnesses, including eating disorders, dementia and adult developmental disorders.

A matched care model for dementia is being developed to ensure improved care pathways, ensure resources are targeted at areas of greatest impact and build duplicity across system to support people with dementia. The integrated care pathway for people with dementia has begun a phased implementation across settings and teams including acute hospitals.

These plans and developments will contribute considerably to the successful delivery of the NHS Lothian Clinical Strategy 2011 – 2021 'Our Health, Our Future' (*currently in development*). This strategy seeks to address 3 main overarching challenges of

- Financial challenges
- Changes in demography
- Workforce changes

- **Inpatient Alcohol**

There are currently 12 inpatient beds, supported by a network of community services, serving all of Lothian.

- **Learning Disabilities**

There are currently 32 assessment and treatment beds across 3 buildings, serving all of Lothian. Plans are under way to redesign the service model and the overall number of beds may change as a consequence.

- **Elderly Orthopaedic Rehabilitation**

This is an Edinburgh Community Health Partnership (CHP) managed service providing orthopaedic rehabilitation to males and females over the age of 65. This service has three wards, totalling 63 beds on the AAH site. Occasionally males under the age of 65 are admitted.

- **Inpatient Care of the Elderly**

This service provides inpatient continuing care and respite for patients. Currently the service is delivered from two wards, totalling 47 beds on the AAH site. Currently, as part of the Older People's Strategy, the model for the provision of continuing care beds across Lothian is being reviewed.

- **Amputee and Prosthetic Rehabilitation**

Patients admitted to this service have undergone amputation of lower limbs +/- upper limbs are transferred from the referring (amputating) acute hospitals after review by a member of medical staff. The service also admits patients who live out with NHS Lothian as it works with the prosthetics and bioengineering services in the South-east Mobility and Rehabilitation Technology (SMART) centre, serving the South East region of Scotland. This service has 13 beds at the AAH site.

- **Stroke and Cardiac Rehabilitation**

This service has 22 beds across 2 wards in the East Pavilion at AAH providing stroke and cardiac rehabilitation. Currently stroke and cardiac rehabilitation service models across NHS Lothian are being reviewed.

- **Brain Injury and Neuro-rehabilitation**

These services are managed by Edinburgh CHP from wards at both the REH and AAH.

Neuro-rehabilitation at the AAH comprises of 2 wards within the Charles Bell Pavilion, one female and one male totalling 36 beds for post-acute rehabilitation of neurological disorders. This service caters for both NHS Lothian patients and patients across Scotland from referring NHS Health Boards.

The Robert Ferguson Unit, the Scottish Neurobehavioural Unit, is based at the REH. It comprises of 20 beds and accepts patients from across Scotland and has clear clinical synergies with Neuro-rehabilitation and the ambition is to have them collocated.

- **Lanfine Unit**

The Lanfine Unit provides short stay inpatient services for patients with progressive neurological disorders in a self-contained unit within Liberton Hospital's grounds. The service offers continued review through ongoing regular planned admissions and clinical therapeutic interventions. The unit has 26 beds and is currently undergoing service redesign.

2.3.4.3 Support Services

In addition to direct clinical services, the following support services across both sites are also included in the scope and will be addressed as part of the development. These are:

- Catering

- Hotel Services: Domestic, Portering, Laundry, and Sewing
- Estates
- Security
- Patient services: Mental Health Tribunal Suites, Welfare office, Patients Funds, Cashier, Patient's Council, Advocacy, Shop, Chaplain, Library etc
- Partnership Office
- Hospital Management
- Social Work
- Dieticians
- Staff Dining

2.3.5 Current Business Needs

This section provides an account of the problems, difficulties and service gaps associated with the existing arrangements (the status quo) in relation to future business needs (i.e. the problems associated with the status quo).

In line with the programme investment objectives there is a business need to provide:

- an environment that supports clinical effectiveness and safety
- a safe physical environment that promotes health and wellbeing
- provide services that will be safely accessible to patients, visitors and staff by public and private transport
- facilities that optimise the efficient use of energy, water, and waste management to reduce both revenue costs and the hospital's carbon footprint
- an environment that supports research and development and attracts and retains highly skilled staff.

Appendix 11 sets out the existing arrangements and associated business needs.

Work has been carried out to establish the service need in relation to bed numbers through benchmarking and bedmodelling. Appendix 12 outlines a summary of this work for adult acute mental health.

2.3.6 Potential Business Scope and Key Service Requirements

The business scope for the programme in relation to the established business needs is set out in Appendix 13. This identifies services it is anticipated will be provided on the REH campus and sets out the major deliverables of the programme along with specific outputs which are not part of the programme (i.e. services excluded from the re-provision).

Services included in the programme will all be considered essential thus the proposed scope will be both the minimum and the maximum, therefore no services will be included which are optional or merely desirable.

Indicative phasing is described in the table below although the number of phases is yet to be determined and agreed;

Project	Services	Completion
1	Mental Health – Acute and Intensive Psychiatric Care inpatient services	2014
2	Physical Rehabilitation – Brain Injury and Neuro-rehabilitation, Stroke and Cardiac Rehabilitation, Care of the Elderly, Amputee and Prosthetic Rehabilitation, Neuroprogressive Disorder Unit, Elderly Orthopaedic.	2016
3	Mental Health – Older People’s Mental Health, Adult Mental Health Rehabilitation, Inpatient Alcohol	2018
4	Learning Disability – Inpatient services	2020
5	Liberton - Older People’s services	2021

Following approval of the Initial Agreement more detailed Outline Business Cases (OBCs) and Full Business Cases (FBCs) will be developed for each of the phases and detailed plans including revision of the scope will be brought forward for the services to be re-provided on the campus.

As we saw in 2.2.2 the Clinical Strategy and Mental Health and Wellbeing Strategy 2011-2016 provide the strategic context for the clinical services proposed for the first project in the development.

Project 2 of the campus development will address the needs of specialist physical rehabilitation services in Lothian. Work on reviewing our future needs for these services is already underway with specific pieces of work on the future model for rehabilitation of amputees and neuro-progressive disorders coming forward for consideration through the Board governance process imminently. Further work on stroke, cardiac and neuro-rehabilitation redesign is underway and will be progressed during 2012, with the intention that hospital based services will be reconfigured on the Astley Ainslie Hospital site in advance of re-provision in fit for purpose accommodation within the Royal Edinburgh Hospital campus by 2016.

Linked to this are the service redesign plans associated with care for older people with inpatient continuing and complex healthcare needs. The extensive strategic and operational programme of reshaping care for older people work, has played into the emerging Clinical Strategy, with there being a clear vision to redesign the service, with fewer sites in future as hospital care is focused on those with the greatest need, while community services support others to maintain an independent life at home as far as possible, and through the palliative care and end of life strategy, people will be appropriately supported to end of life at home.

Project 3 of the campus development will focus on the provision of specialist hospital based services for older people with mental health needs, adult mental health rehabilitation and in-patient alcohol/substance misuse services. Both the joint Mental Health and Wellbeing Strategy – A Sense of Belonging – and the NHS Lothian Substance Misuse Strategy have been recently reviewed and as such are fully compliant with the principles of the Clinical Strategy in setting out the strategic aims for the future delivery of care for these client groups. The hospital based requirement for these services will be derived from these strategies to inform the business case for this project.

The Lothian Learning Disability Strategy which describes a tiered model of care designed jointly by stakeholders across councils and voluntary sector organisations will be reviewed as one of the early pieces of work under the overall Clinical Strategy framework and working with partner agencies this will inform the needs for hospital based developments in Project 4 of the campus programme.

Older People's Services in Lothian have already been significantly redesigned and is fully compliant with the Clinical Strategy principles. The new model of care will be fully implemented in North Edinburgh with the opening of the Royal Victoria Building on the Western General Hospital site in June 2012. This model of care is being further implemented across all of Edinburgh, through the Transformation Plans, using the Change Fund as a catalyst to achieve this.

The vision is that the transformation plans will result in enhanced community supports for older people, to allow the demand for healthcare from a growing older population, to be managed in an effective and efficient way in the most appropriate environment, with older people spending only as much time as is required within hospital facilities. As the effect of the implementation of the transformation plans becomes evident, it will allow plans to remodel in-patient services across the Royal Infirmary and Liberton hospital sites in advance of the Project 5 development on the Royal Edinburgh Hospital campus.

2.3.7 Main Benefits Criteria

This section describes the main outcomes and benefits associated with the implementation in relation to business needs. Investment in the project will deliver the high level strategic and operational benefits set out in the table below. The benefits criteria were used to help determine which of the long-listed options were shortlisted in the economic case.

Investment Objectives	Main Benefits Criteria	Relative Value
A clinical environment that supports clinical effectiveness	Clinical Quality <ul style="list-style-type: none"> • maintains or improves clinical outcomes • provides timely and appropriate services enabling care to be delivered by the right people, in the right place, and at the right time • minimises clinical risk • provides appropriate clinical adjacencies 	High
A physical environment that promotes health and wellbeing	Functional Suitability <ul style="list-style-type: none"> • provides an environment suitable for the delivery of care and one which improves the morale of patients, staff and visitors • provides an environment that promotes safety, privacy and dignity including single en-suite bedrooms for all service users 	High
Easily and safely accessible services	Accessibility <ul style="list-style-type: none"> • provides good access to the hospital's services whilst promoting sustainable travel options • provides appropriate levels of parking for those staff and visitors that need to travel by private car • minimises the need for delivery vehicle traffic within the site 	Medium
Efficient, green and sustainable facilities	Sustainability <ul style="list-style-type: none"> • optimises the use of energy, water, and waste management • reduces the carbon footprint of the hospital's services • able to meet current and future demands in activity • able to respond to future local and national service changes 	High

Investment Objectives	Main Benefits Criteria	Relative Value
Facilities that support the delivery of efficient services	Efficiency <ul style="list-style-type: none"> • supports the delivery of services through access to required resources • provides for the delivery of appropriate quality standards • there is certainty in securing and preparing a site within a timeframe that allows anticipated delivery as agreed by Lothian NHS Board • represents a project that is affordable • demonstrates value for money 	Medium
An environment that promotes research and development	Research <ul style="list-style-type: none"> • service arrangements that facilitate engagement with research opportunities • provides comprehensive facilities for student and staff training and development including access to training facilities and teaching staff, in keeping with the role of a major regional teaching hospital • provides appropriate research facilities • promotes formal partnership arrangements 	Medium
A project that minimises disruption to patients	Maintained Service <ul style="list-style-type: none"> • maintains continued service delivery and quality during project • minimises disruption to services users, staff and others on site 	Low

These benefits criteria will be refined if necessary to reflect the different investment objectives and critical success factors and will be reviewed with other services in each of the Outline Business Cases that follow this Initial Agreement.

Appendix 14 indicates the beneficiaries and whether the benefits are economic (non-cash releasing), financial (cash releasing), measurable (but not in cash terms), or simply qualitative.

2.3.8 Strategic Risks

The main business and service risks associated with the potential scope for this programme are shown in Appendix 15, together with their counter-measures.

2.3.9 Constraints

Financial support is already in place for a small, dedicated core project team with support including offices, equipment, expenses and other costs.

Provision has and will be made for input to the project by senior clinical staff through protected sessional time that allows their release from clinical duties to contribute directly to the clinical leadership of the phases. Additionally, senior managers are committed to funding the sessional release and backfill of all other potential contributors to the phases on an “as required” basis. Any long-term staff commitments required will be costed appropriately for future ICIC Executive Group approval.

Resource requirements and constraints will be further considered during the Outline Business Case phases.

2.3.10 Dependencies

The programme and its phases will be subject to a range of dependencies that will be carefully monitored and managed throughout the life of the programme. These include;

- dependence on the success of the community functions of the new models of care being successful in reducing the numbers of admissions and the specialist teams facilitating early discharging from Hospital.
- successful removal of the age 65 automatic transition between adult and older people's services and a new focus on continuity of treatments through transition ages.
- revenue funding being identified to support progressing the phased development.

Note: the external influences on the programme – namely initiatives that must be in place in order to make a success of this investment and includes several single system support services delivered from the REH and AAH campus that do not require to be provided on hospital sites. These include information management and technology, nursery and training. These services are not included in the scope and will need alternative accommodation before financial close of the programme. These have respective strategies for future development and provision of facilities with work ongoing under a separate programme.

SECTION B

PHASE 1

3. THE ECONOMIC CASE

3.1 Introduction

This section of the IA documents the range of options that have been considered for the first phase of the programme. This is to improve the quality of service provision and the subsequent improvement of quality of patient care. This links into the core quality ambitions referred to in the strategic context. A design statement, critical success factors, long and short list of options has been created. The way in which these relate to the quality indicators, investment objectives and business needs are in Appendix 16.

3.2 Design Statement

A Design Statement for services in the first phase (see Appendix 17) has been prepared to ensure that good design is utilised to achieve the best outcomes for these services. As indicated in Section A, 2.3.3, further Design Statements will be developed to reflect the needs and objectives of other services in the subsequent phases of the programme.

A series of key, non-negotiable objectives are set out in the Design Statement for mental health and learning disability inpatients, staff and visitors; these include the following subjects:

- o **For patients** – accessibility, integration with the community, overall impression of a welcoming and therapeutic facility, good wayfinding including clear entry points to buildings, non-intimidating in scale, ward design that is both safe and encourages interaction, secure storage for personal effects, non-clinical social spaces, easy access to garden areas, bedrooms that provide privacy and peace, space that accommodates different needs.
- o **For staff** – a positive working environment, break away space, facilities for learning and development, safe parking areas for essential users, mechanical and electrical systems that can be maintained with minimum disruption to patient areas, an environment that is humane and therapeutic as well as robust.
- o **For visitors** – a welcome and secure environment, calm and accessible waiting areas, wider community use to promote integration.

There are further objectives in the Design Statement that aim to ensure that investment in this programme aligns with policy; these focus on flexibility to cope with future expansion/contraction and sustainability linking in with the process outlined in Section A, (para. 2.3.2) of this Initial Agreement.

An initial AEDET assessment for this phase has been conducted on existing facilities to articulate shortcomings and identify the key design objectives and particular issues that require to be addressed in the options to be developed; this process helped to define the objectives set out in the Design Statement.

3.3 Critical Success Factors

CSFs are used in conjunction with the investment objectives for a programme to evaluate the long list of possible options;

- CSF1: **business needs** – how well the option satisfies the existing and future business needs of the organisation.
- CSF2: **strategic fit** – how well the option provides synergy with other key elements of national, regional and local strategies.

- CSF3: **benefits optimisation** – how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to NHS Lothian) – and assists in improving overall Value For Money (VFM) (economy, efficiency and effectiveness).
- CSF4: **potential achievability** – NHS Lothian’s ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability) as well as engendering acceptance by staff.
- CSF5: **supply side capacity and capability** – the ability of the market place and potential suppliers to deliver the required services and deliverables.
- CSF6: **potential affordability** – the organisation’s ability to fund the required level of revenue and capital expenditure.

3.4 The Long-listed Options

As set out in Section A (para. 2.2.2) in recent years NHS Lothian has undertaken a number of strategic reviews of its non-acute hospital estate (including the Astley Ainslie, Royal Victoria, and Liberton Hospitals) with the objective of rationalising the overall holding to improve operational effectiveness. These reviews have concluded that the Royal Edinburgh Hospital campus has the greatest development potential; the developable areas of the other sites are insufficient to accommodate large-scale transfer of services. A review of site options for mental health services also concluded that retaining inpatient services at the Royal Edinburgh Hospital provides the best option for a phased development. Collectively, these reviews have determined where the services should be delivered.

Following on from this the long list of options was derived from the key categories of choice set out below;

- **Scoping options** – choices in terms of coverage (what should be included). The choices for potential scope were driven by business needs and the strategic objectives at both national and local level. In practice, these concentrated on business functionality rather than geographical or organisational coverage. Key considerations at this stage were “what’s in” and “what’s out” and service needs.
- **Service solution options** – choices in terms of solution (how the services could be reconfigured). The services considered new approaches and new ways of working including restructuring services in relation to need and diagnosis. Key considerations included “what better ways are there to provide the services?”
- **Service delivery options** – choices in terms of delivery (who could deliver the services). The choices for service delivery were driven by the availability of alternative service providers. In practice, these ranged from delivery within NHS Lothian to considering outsourcing of some of the services.

3.4.1 Options Framework

The Options Framework was developed within the context of the reviews outlined above:

Category of Choice (option)	Comments on Potential Options	Meets CSF or investment objectives?	Review Outcome (Discounted if CSF or investment objectives not met)
Scoping option	1. existing catchment area of services onsite	yes	Possible
	2. extend catchment area of	yes	Possible

	services		
Service solution options	1. deliver all psychiatric services in the community.	no – IO1, IO2, CSF1	Discounted
	2. refurbish, adapt and reconfigure existing buildings to provide fit-for-purpose accommodation to meet current clinical needs	yes	Possible
	3. new build on the REH campus	yes	Possible
	4. part new build, part refurbishment on the REH campus	yes	Possible
	5. new build on a non-NHS Lothian site	no –IO5, CSF2, CSF6	Discounted
	6. re-provide services on an existing NHS Lothian site in new build accommodation	yes	Possible
Service delivery options	1. in house, NHS	yes	Preferred
	2. outsourced	no – CSF2	Discounted
Implementation options	1. phased building schedule	yes	Possible
	2. single build to completion	no – CSF 6	Discounted
Funding options	1. Hub model	yes	Possible
	2. NPD	yes	Possible
	3. Capital Funding/Frameworks Scotland	no –CSF6	Discounted

3.4.2 Summary of Long List Options

Scoping and Service Solution Options

- do minimum
- deliver all psychiatric services in the community
- refurbish, adapt and reconfigure exiting buildings to provide fit-for-purpose accommodation to meet current clinical needs
- new build on REH campus
- part new build, part refurbishment on the REH campus
- new build on a non NHS Lothian site
- re-provide services on an existing NHS Lothian site in new build accommodation:
 1. St John’s Hospital
 2. Western General Hospital
 3. Myreside at Royal Edinburgh Hospital campus
 4. Astley Ainslie Hospital
 5. Liberton Hospital
 6. Royal Victoria Hospital
 7. Greenfield site at Little France

Implementation Options

- phased building schedule

Funding Options

- Revenue Funded Model

The options set out in Appendix 18 have been considered within the broad scope outlined in the strategic case. Appendix 18 also sets out the reasons why an option has been excluded rather than taken forward.

3.5 The Short-listed Options and Preferred Way Forward

The short-listed options that will be taken forward for detailed consideration at the OBC stage are:

Option 1: 'Do Minimum'	Scoping Option: existing catchment area and services Service Solution: existing arrangement and models of care Service Delivery: in house, NHS Implementation : phased building schedule Funding : capital
Option 2: 'New Build on the REH campus'	Scoping Option: extend catchment area and services, with opportunity for services from other hospital sites Service Solution: redesigned models of care with focus on care in the community in new build ward and support services accommodation Service Delivery: in house, NHS Implementation: phased building schedule Funding: revenue
Option 3: 'Part new build, part refurbishment on the REH campus'	Scoping Option: extend catchment area and services, with opportunity for services from other hospital sites Service Solution: redesigned models of care with focus on care in the community in new ward accommodation and redeveloped support services accommodation Service Delivery: in house, NHS Implementation: phased building schedule Funding: revenue

4. OUTLINE COMMERCIAL CASE

The purpose of setting out the commercial case is to consider the implications of potential procurement options. Detailed consideration of this takes place at OBC stages where alternative funding models will be explored. The project has engaged Hub South East Scotland Ltd (hubco) to support NHS Lothian with this.

Hubco were engaged to provide expert input into the potential phasing and costing of the development of a campus, as envisaged under a masterplan, as part of further investigations into the potential of the Royal Edinburgh Hospital campus infrastructure and future requirements of its phased development. The intent of the hubco report is to support the development of the Initial Agreement and to enable a further updated phased development programme to be created, which aligns with the potential revenue funding stream and service design.

The first phase of the redevelopment comprises a 90-bed unit that replaces existing accommodation (mental health acute and intensive psychiatric care services) on the site. Hubco has confirmed that this can be delivered with minimal upgrade to the existing site infrastructure as loads are not increased. Further development of the campus, particularly the transfer of services from other sites, will increase the load on utilities and infrastructure and this will require these elements to be reinforced.

The plan is that mental health acute and intensive psychiatric care services will be re-provided in this first phase. The second unit to be developed should also incorporate an allowance to complete the infrastructure and utilities reinforcement required to support the development of the remaining units.

5. OUTLINE FINANCIAL CASE

5.1 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred way forward, as set out in the economic case section. Detailed analysis of the financial case, including affordability, will take place at OBC stages.

5.2 Indicative Costs

Indicative capital costs for the redevelopment of the REH campus range from £60m (option 1 - do minimum), through £142m (option 3 – part new build, part refurbishment), to £181m (option 2 – 100% new build). Options 2 and 3 are based on delivering 400 beds on a phased basis.

The 400 bed estimate is a high level estimate of the eventual final numbers of beds needed. This takes account of current service strategies that support the further shifting of the balance of care from hospital to community. A considerable amount of work is taking place across many of the services currently in terms of service redesign that will see further emphasis on community provision. Refurbishment costs at £17.3m would be associated with MacKinnon House.

Based on estimates from hubco's, the initial phase comprising a 90-bed unit for acute and intensive psychiatric inpatient services and associated infrastructure upgrade would have a capital cost of between £18m and £20m.

The cost estimates include optimism bias, professional fees, and VAT. Given that the phasing programme has yet to be determined, an allowance for inflation can only be given to the mid-point of construction of the first phase.

As indicated earlier, the REH campus has the capacity to provide additional accommodation beyond the 400-bed provision costed here. It is anticipated that there will be further available capacity which could facilitate Liberton Hospital services being relocated to the REH campus. Consequently, the scope of the programme may be extended to include additional beds in later phases – costs will be developed when these proposals are scoped in detail and Outline and Full Business Cases are brought forward.

5.3 Overall Affordability

Given the availability of capital funding at a national level, a revenue finance solution is the way to deliver this project. Initial modelling to review the affordability of the first phase indicates that it would be affordable in revenue terms, as the savings arising from bed reductions would offset the impact of the unitary charge. A contribution from the Scottish Government towards the unitary charge has been assumed based on the letter dated 22nd March 2011 sent to NHS Board Chief Executives from Acting Director-General Health and Social Care and Chief Executive NHS Scotland, Derek Feeley.

Further phases will be progressed when affordability is tested through the Outline Business Case process.

6. OUTLINE MANAGEMENT CASE

6.1 Introduction

This section of the IA addresses the achievability of the programme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the programme in accordance with best practice.

6.2 Project Management Arrangements

The REH campus re-provision programme will form a component part of the overarching ICIC programme and will be managed within this strategic context. ICIC's programme management arrangements are outlined in Appendix 19. At an operational level the following arrangements will be put in place to ensure the successful development of the phases and production of OBCs:

- The phases will be managed employing PRINCE2 project management principles.
- The management structure for the programme will have three levels:
 - Project Management Board
 - Stakeholder Board
 - Project Team.

Membership of the above will vary and reflect the stakeholders and programme support needs of each of the individual phases.

Meetings - The remit and membership of each group and the frequency of their meetings will be agreed with the Stakeholder and Project Management Boards.

Reporting - Meetings will be recorded and progress will be reported to both the Stakeholder Board and the Project Management Board.

Quality Assurance - Processes will be put in place to manage risks, issues and change requests. Other standards that have a bearing on quality will also be adhered to; these will include, but not be limited to:

- Health and Safety standards
- BREEAM (Building Research Establishment Environmental Assessment Method)
- The non-negotiable objectives set out in the Design Statement
- AEDET (Achieving Excellence Design Evaluation Toolkit)
- HAI-SCRIBE (Healthcare Associated Infection System for the Control of Risk of Infection in the Built Environment)
- Scottish Health Technical Memoranda and other health building and planning documents
- Local authority building regulations
- Stakeholders' local policies.

Formal quality control will be part of this programme and will include appropriate quality control for the project management as well as the programme outputs. The quality assurance process will be overseen by the Senior User of each phase who will be a key member of the Project Management Board.

In terms of process, external quality assurance will be provided through the Office of Government Commerce (OGC) Gateway procedure.

6.3.1 Outline Programme Roles and Responsibilities

The programme roles and responsibilities of the key members of the delivery team are set out in Appendix 20.

6.3.2 Programme Governance and Management Structure

Appendix 21 sets out the programme governance structure.

6.4 Outline Project Plan

An outline project plans for each phase will be completed at the OBC stages once an implementation approach has been determined and funding availability is clear.

7. RECOMMENDED WAY FORWARD

It is recommended that Initial Agreement be agreed and further work be taken forward by developing OBCs and FBCs for each phase. Resources have been secured to deliver the outline business case. NHS Lothian anticipates that a final programme of developments will arise from the Initial Agreement. The OBC to be prepared for Phase 1, to be delivered as a hub DBFM will include a site and service options appraisal for scoping all future phases as part of a masterplan for the REH site. In this context the services to be developed are both clinical and infrastructure together with specific facilities to support the phases.

NHS Lothian – Purpose, Function, Goals and Operational Environment

1. Purpose and Function

NHS Lothian provides healthcare for over 850,000 people through 20 hospitals and over 300 health/medical centres. The following points illustrate the scope of its functions:

- Each year there are more than 4.4 million patient contacts across all of NHS Lothian - more than 90% of them in primary and community settings
- Each year there are more than 60,000 emergency admissions and almost 90,000 inpatient episodes
- The organisation employs 28,000 members of staff, including some 10,000 nurses, almost 1,800 hospital doctors, and just under 1,800 allied health professionals
- NHS Lothian has an annual gross revenue expenditure of £1.56 billion (2010/11 figure)

2. Goals and Themes

A summary of NHS Lothian's key goals and themes is set out below.

Strategic goal 1: To deliver and sustain high quality care and treatment

- Treat 95% of all patients in the community compared to 90% currently
- Improve access to care and treatment for all – at the right time and in the right location
- Encourage self-care and illness prevention in line with 'shifting the balance of care'
- Provide person-centred, safe, effective care, continually improving the care experience for people who use our services

Strategic Goal 2: Improving health and reducing health inequalities

- Work with our partners to reduce inequalities and narrow the poverty gap
- Work with partners to enhance physical wellbeing and improve people's health
- Involve people in how we plan and deliver services, develop policies and strategies and create a mutual NHS

Strategic Goal 3: Embrace advances in medicine, technology and information

- Develop better and more robust information systems to support delivery of services
- Lead and embrace technological advances in order to improve care and encourage self-care

Strategic Goal 4: Be at the forefront of research and leadership

- Be at the forefront of research and development
- Continue to develop as a centre of excellence in research and development
- Develop the BioQuarter jointly with partners

Strategic Goal 5: Be an exemplar employer

- Be an employer of choice and work in partnership with our staff
- Improve productivity and quality while reducing cost
- Be one of the world's top 25 healthcare systems

STRATEGIC THEMES – NHS Lothian Values

NHS Lothian's values are expressed in the 'Lothian Way'; this is made up of:

Strategic Theme 1: Person-centred

- Putting people at the heart of everything we do.
- Being sensitive to individuals' needs and providing the right service at the right time in the right place.

Strategic Theme 2: Partnership

- Working in partnership with staff, patients, the public and other agencies to provide the best possible service
- Being inclusive, involving people in the design, delivery and decisions about their health and healthcare services.

Strategic Theme 3: Integrity

- Respecting people as individuals and treating them with courtesy, respect and dignity
- Communicating openly and honestly: with each other and the public.

Strategic Theme 4: Accountability

- Doing what we say we'll do
- Taking responsibility as an individual and organisation for our actions and decisions.

Strategic theme 5: Innovation

- Taking changing needs into consideration and developing a culture of continuous improvement to deliver a service that exceeds expectations
- Leading by example, setting high standards in our work and empowering others to do the same
- In recent years, the innovation relating to the 'Compassionate Care' programme and the further development of a person-centred approach, reflected also in all our training and development, ensures NHS Lothian continues to refresh and affirm our values based leadership, as reflected in the recent Human Resources and Organisational Development Strategy under 'Living Our Values'.

3. Operational Environment

There remain issues of inequity and deprivation within Lothian's population of 809,000. The following table shows how Lothian compares to the Scottish Index of Multiple Deprivation Quintiles.

2007 Population by Scottish Index of Multiple Deprivation Quintiles

Percentage of Population

SIMD Quintile	% Scottish Population	% Lothian Population
1- most affluent	20	33
2	20	19
3	20	16
4	20	20
5- most deprived	20	12
Total	100	100

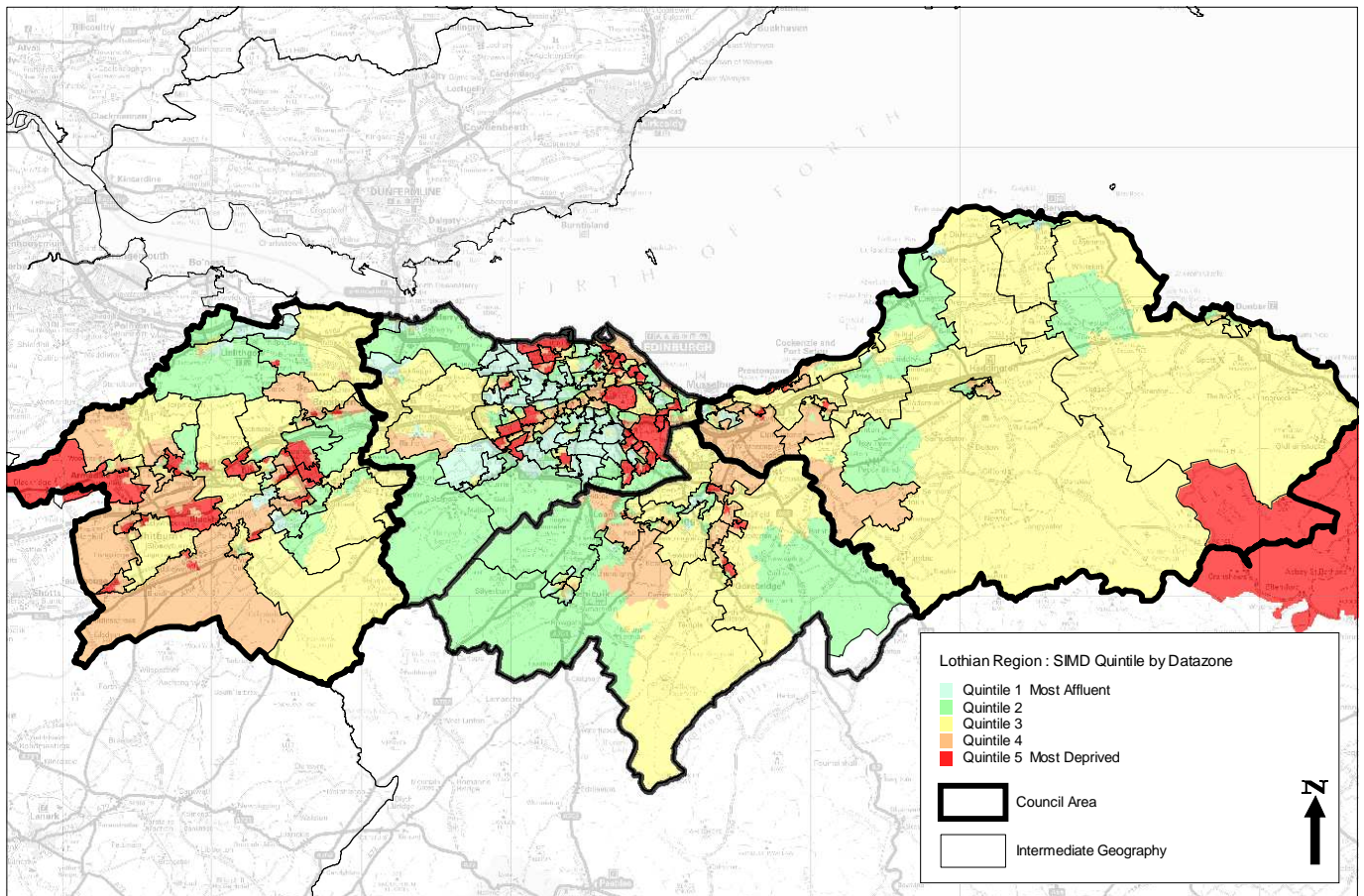
Source: General Register Office for Scotland Mid Year Population Estimate 2007, SIMD 2006

The map below shows the distributions by deprivation across Lothian. Approximately 12% of the population live in the most deprived communities. As people in the most deprived communities

experience significantly poorer physical and mental health than those who are more affluent, NHS Lothian targets interventions to support reducing this gap and mitigating the effects of deprivation.

This approach will contribute towards a healthier population across Lothian.

Lothian Region : SIMD Deprivation by Datazone (within Health Board)



Produced by DH, HIU, NHS Lothian, June 2006

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PROPERTY AND ASSET MANAGEMENT STRATEGY 2011-2015 – BACKLOG OF MAINTENANCE

	Hospital	GIA sq.m	GIA as % of Total Area	Ownership	Essential/ Non Essential	Physical Condition (GIA m2)				Functional Suitability (GIA m2)				Space Utilisation (GIA m2)				Quality (GIA m2)				Backlog Expenditure Required (£m)
						A	B	C	D (or Dx)	A	B	C	D (or Dx)	A	B	C	D (or Dx)	A	B	C	D (or Dx)	
Post acute care & Rehab	Astley Ainslie Hospital	26,277	5.20%	NHS	E	166	14,957	10,989	166	166	20,260	5,686	166	0	0	26,277	0	n/a	n/a	n/a	n/a	6.29
Medicine for the Elderly	Liberton Hospital	10,572	2.09%	NHS	E	0	7,031	3,541	0	0	9,456	1,116	0	0	633	1,052	8,887	n/a	n/a	n/a	n/a	1.81
Psychiatry	Royal Edinburgh Hospital	49,132	9.70%	NHS	E	0	22,502	26,630	0	4,623	4,265	2,437	37,807	0	1,331	44,160	3,641	n/a	n/a	n/a	n/a	14.5
Older People	Royal Victoria Hospital	18,097	3.58%	NHS	N	0	38	1,616	16,443	0	4,886	10,768	2,443	0	510	1,493	16,094	n/a	n/a	n/a	n/a	5.79

Property Appraisal Key Findings from 2011 PAMS

The following table highlights those hospital based properties which have been identified with problems relating to at least one of the facets of the appraisal process. This should provide a quick reference to those properties most likely to have the greatest need for improvement as well as which aspect of improvement is needed (the red shaded box highlights an overall problem with a particular facet on the site of that hospital based property):

	Physical Condition	Space Utilisation	Functional Suitability	Quality
Corstorphine Hospital				
Liberton Hospital				
Royal Edinburgh Hospital				

Risk Assessment

Site	Backlog Cost	Risk Score	Rank
Astley Ainslie Hospital	6,288,000	15	Significant
Corstorphine Hospital	1,794,000	20	High
Liberton Hospital	1,814,000	13	Significant
Royal Edinburgh Hospital	14,498,000	20	High
REH – Associated Properties	1,421,000	16	Significant
Royal Victoria Hospital	5,798,000	12	Significant

OTHER RELEVANT POLICY DOCUMENTS

- **Our National Health: A plan for action, a plan for change** (2000) – This established mental health would be a clinical priority, along with coronary heart disease and cancer, and made a commitment to accelerate the implementation of the Framework for Mental Health Services and to develop high quality services
- **"Same as You?"** (2000) - The Same As You was the first significant review and strategy for learning disability services in 20 years. Currently the impact of the review is being reviewed by the Scottish Government - and the outcomes are intended to inform a new strategy which is due toward the end of 2011. Meanwhile, the principles and direction of the Same as You? remains applicable.

Health Boards will be required to continue to provide a small number of in-patient facilities for the following people:

- Those whose need for specialised or complex health assessment or treatment cannot be met in the community
 - People on statutory orders, some of whom will be offenders with mental health problems
 - A small number of people whose treatment may be lengthy or who need a more supportive setting for a long period.
- **Adults With Incapacity (Scotland) Act 2000** - The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare and finances of people who lack capacity, including their right to take informed decisions in regard to their healthcare and treatment.
 - **Mental Health (Care and Treatment) (Scotland) Act 2003** - Implemented from October 2005, the new Act made significant changes to the 1984 Act including strengthening the rights of those detained under the Act. This legislation was the first piece of Human Rights based legislation in Europe and in many ways set the tone for a cultural shift in policy direction in Scotland
 - **Partnerships for Care** (2003) – NHS Scotland's Health White Paper, Partnerships in Care, builds on 'Our National Health': A plan for action, a plan for change (2000). It sees patients and national standards as key drivers of change in health and frontline staff as leaders of the change process. It describes the kind of action that is required and emphasises that this needs to be done in partnership at both national and local level with local authorities, voluntary organisations and local communities.
 - **Learning Disability Quality Indicators** (2004) - Health Improvement Scotland's Quality Indicators for Learning Disability were developed as a response to the known health inequalities faced by this patient group and cover the full range of provision of healthcare, from primary care, to acute hospitals and to specialist services.
 - **Better Outcomes for Older People: Framework for Joint Services** (2004) – this framework has 3 functions; to promote the implementation and mainstreaming of joint and integrated services by local partnerships, to set out the requirements and timescales which local partnerships of NHS Boards and local authorities should meet in developing joint and integrated services and, act as a tool to assist in the implementation of joint and integrated services.
 - **Building a Health Service Fit for the Future** (2005) – this report sets out how the NHS in Scotland need to change to meet the future challenges. It recommends in planning for the future the NHS in Scotland needs to:

- Ensure sustainable and safe local services; redesign where possible to meet local needs and expectations
 - View the NHS as a service delivered predominately in local communities rather than hospitals
 - Preventative, anticipatory care rather than reactive management
 - Galvanise the whole system; more fully integrate the NHS to meet the challenges
 - Become a modern NHS
 - Develop new skills to support local services
 - Develop options for change WITH people, not FOR them.
- **Delivering for Health (2005)** - This major policy document made a commitment to publish a delivery plan emphasising the swing from hospital-based to community-based services.
 - **Delivering for Mental Health (2006)** - The mental health delivery plan with three HEAT targets supported by 14 commitments is aimed at improving a range of services provided by the NHS and its partners.
 - **Better Health Better Care Action Plan (2007)** - NHS Lothian's Mental Health and Wellbeing strategic direction is in line with the expectations of the Scottish Government's Better Health Better Care Action Plan and addresses the following points:
 - Dementia is identified as a national priority, and services for this group are being developed and re-provided as part of the re-provision planning for the Royal Edinburgh Hospital through development of integrated care pathways and staff skills
 - The mental health strategy implementation is shifting care closer to home for all age groups, promoting recovery and rehabilitation and improving access to services for service personnel
 - Lothian's travel plan has been developed to support equitable patient access to services
 - **"Co-ordinated Integrated and Fit for Purpose": A Delivery Framework for Adult Rehab in Scotland (2007)** – Nationally, the Scottish Government's 'Co-ordinated Integrated and Fit for Purpose' delivery framework for Adult Rehabilitation in Scotland was published in 2007 with the purpose of giving strategic direction and support to health and social care services in delivering rehabilitation services. It has a vision of creating an effective, modern, multi-disciplinary, multi-agency approach that is both flexible and responsive to needs. This framework for changing rehabilitation services within Scotland emphasises a need for co-ordinated integrated rehabilitation that is primarily in the community with access to specialist services when necessary. It presents a three tiered approach to the rehabilitation model; self-management, condition management and case management. The framework makes 6 recommendations.
 1. Rehabilitation services should be more accessible to those who use services, including direct access.
 2. Rehabilitation services need to be provided locally, with a strong community focus.
 3. A systematic approach to delivering rehabilitation to individuals is required, promoting independence, self management and productive activity.
 4. Rehabilitation services should be comprehensive and evidence based, should reflect individuals' needs at distinct phases of care, and should identify models to ensure seamless transitions.
 5. Practitioners and providers in health and social care services need to be better informed about current and evolving roles and expertise within rehabilitation teams.

6. Health and social care professionals need to critically review staff resource deployment through service re-design and skill-mix review

The 5 key actions for this policy were developed as a way of implementing the 6 recommendations above. The 5 key actions are as followings:

1. National Rehabilitation Implementation Group to ensure the policy is delivered
2. Local Rehabilitation Co-ordinator Posts to provide leadership, direction and strategic co-ordination locally
3. Rehabilitation Improvement Programme to shape delivery of rehabilitation services
4. Development of a Managed Knowledge Network for rehabilitation
5. Rehabilitation Research Consensus Event of national and international rehabilitation.

- **All Our Futures: Planning for a Scotland with an Ageing Population (2007)** - This policy document highlights the importance of improving mental health and well-being in later life. It covers a range of factors contributing to good mental and physical health in later life, such as physical activity, diet, support networks, mental stimulation and security.
- **Adult Support and Protection (Scotland) Act 2007** - Legislation to better protect adults at risk of harm became law on October 29, 2008. The Act takes forward aspects of the Scottish Law Commission's 1997 draft Vulnerable Adults Bill that are not covered by the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003
- **Equally Well (2008)** - Equally Well sets an ambitious and radical programme for change across the key priority areas of children's very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and links to violence; and mental health and wellbeing (specifically including Learning Disabilities).
- **Improving Health and Wellbeing of People with Long Term Conditions in Scotland: a National Action Plan (2009)** –The action plan centres around 7 High Impact Changes developed through the Long Term Conditions Collaborative to aims to give NHS Boards and their partners a clear focus on narrowing the health gap for those with long term conditions
- **Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11 (2009)** - The action plan focuses on strategic priorities as well as on the infrastructure support and co-ordination which the Government will put in place to help facilitate implementation.
- **Changing Scotland's Relationship with Alcohol – A Framework for Action (2009)** - This Framework sets out the strategic approach to tackling alcohol misuse in Scotland. It explains the need for action in order to help deliver the Scottish Government's purpose and outlines how we intend to take forward the proposals contained in the discussion paper "Changing Scotland's Relationship with Alcohol" following the outcome of the public consultation in 2008. The Framework for Action identifies the need for sustained action in four areas:
 - reduced alcohol consumption
 - supporting families and communities
 - positive public attitudes, positive choices
 - improved treatment and support.
- **NHS Scotland Healthcare Quality Strategy for Scotland (2010)** – The aim of this strategy is to ensure the delivery of the highest quality healthcare services and that NHS Scotland is recognised as one of the best healthcare systems in the world. The strategy priorities the following areas:
 - Caring and compassionate staff and services
 - Clear communication and explanation about conditions and treatment

- Effective collaboration between clinicians, patients and others
 - A clean and safe care environment
 - Continuity of care
 - Clinical excellence
- **National Dementia Strategy (2010)** - The Scottish Government launched the National Dementia Strategy on 1 June 2010. The strategy is committed to ensuring that people who have dementia and those who care for them are entitled to dignity and respect and should be able to access services that provide support, care and treatment in a way that meets their personal needs

The Scottish Government and its partners in local government and the voluntary and private sectors are committed to delivering world class dementia services in Scotland, by developing and implementing standards of care for dementia and drawing on the Charter of Rights produced by the Scottish Parliament's Cross Party Group on Dementia:

- improving staff skills and knowledge in both health and social care settings
 - providing integrated support for local change, including through implementation of the dementia care pathway standards and through better information about the impact of services and the outcomes they achieve
 - continuing to increase the number of people with dementia who have a diagnosis to enable them to have better access to information and support
 - ensuring that people receiving care in all settings get access to treatment and support that is appropriate, with a particular focus on reducing the inappropriate use of psychoactive medication
 - continuing to support dementia research in Scotland
- **Patients Rights (Scotland) Act 2011** - The Act aims to improve patients' experiences of using health services and to support people to become more involved in their health and healthcare. It will help the Scottish Government's aspiration for an NHS which respects the rights of both patients and staff
 - **Enterprising Third Sector Action Plan 2008 – 2011** - The Government Economic Strategy (2007) recognised the contribution the third sector can make to building a successful Scotland. The Scottish Government's ambition is to create a country where an enterprising third sector is valued and encouraged and sees this being done in two key ways. Firstly, by investment in enterprising organisations within the third sector that have the right business skills to deliver high quality services to those that need them, whilst moving towards financial sustainability and reducing organisational dependency on grants. It is intended that large scale, transformational investments will be made through the Scottish Investment Fund and the establishment of Public Social Partnerships as part of the commitments made in this action plan.

National Context

In September 2007, the Scottish Government published Principles and Priorities: the Government's Programme for Scotland. This set out the overall purpose of government, which is to focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish through increasing sustainable economic growth.

Delivering this purpose requires integrating working across the five overarching strategic objectives:

Wealthier and Fairer

Enable business and people to increase their wealth and more people to share fairly in that wealth.

It is known that many people with mental health, physical or learning disability problems experience poverty and income inequality. The difficulties experienced by people in finding and sustaining employment and of managing health issues in workplace settings contribute significantly to this.

Smarter

Expand opportunities for Scots to succeed from nurture through to life long learning ensuring higher and more widely shared achievements

The Lothian Mental Health Transformation Station, which is a knowledge transfer exchange partnership with Queen Margaret University, the University of Stirling and NHS Lothian, is a unique and will contribute significantly to the achievement of this Scottish Government ambition in terms of the NHS. We would hope to build on the successes of this model in mental health and expand it to other physical rehabilitation, learning disability and wider NHS services.

Our partnerships with Lothian's 12 further and higher educational institutions give us an opportunity to consider how we factor in lifelong learning to the services being redesigned and re-provided, using space within them to create a learning environment.

The provision of top quality teaching environments within our inpatient facilities will be key to this and features as one of the programme's key Investment Objectives. There are numerous benefits to this in terms of quality of care, sustainability of the service, recruitment and retention and the production of quality research.

Healthier

Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care

The national and local strategies for mental health, learning disability and physical disability and the re-provisioning of the Royal Edinburgh Hospital campus gives us opportunities to consider how we build on the strengths and resilience that both communities of interest and geographical communities may have. Good community relations, civic engagement and local participation support both individuals' mental and physical states and that of the community as a whole. Most actions are intended to promote and regenerate communities will support the development of social capital and mental and physical wellbeing.

We need to ensure that we are linking with other building developments and regeneration activities that are happening in Lothian to ensure that we are maximizing opportunities for health gain and community participation.

Safer and Stronger

Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life

Any public sector building be it a hospital, school, or care home has the potential to be a resource for the community in which it is located, both in terms of bringing employment opportunities for local people but also in terms of increasing the social capital of a community.

This means building a stronger more cohesive community life that supports our sense of wellbeing. It is anticipated that the re-provided Royal Edinburgh Hospital campus would share its facilities with the wider community bring the community into the hospital setting. Rather than have an exclusive focus on the hospital access to community resources it is planned that there would be an additional focus on the role of a hospital as a community resource and asset. This of itself can contribute significantly to reducing stigma.

In this regard, the 'See Me' anti-stigma campaign has set out seven objectives for 2009 - 2011 in its national action plan. Objective Five is *to run a specific campaign to challenge stigma in public services, and particularly in health services.*

NHS Lothian staff working in services on the hospital campus directly influence a large number of the population in general, be they service users, carer or members of public. The 'See Me' action plan clearly states tackling stigma in the NHS, and particularly within general practice and mental health services, is a priority which has been expressed time and again by those who use and are affected by those services. NHS Lothian and the City Of Edinburgh Council have already signed the 'See Me' pledge. Building a new hospital or moving services into the community may present specific challenges from surrounding communities. This is an ideal opportunity to adopt a zero tolerance approach to stigma and discrimination.

Greener

Improve Scotland's natural and built environment and the sustainable use and enjoyment of it.

Green spaces can be considered as positively contributing to connecting communities. They can link houses, workplaces, services and other public spaces to create joined-up places. With proper investment in design and management, they can bring people together and build a confident and vibrant sense of community.

Having fit for purpose inpatient buildings to support the delivery of service provision gives us an opportunity to consider not only the space within the building ensuring the inner space is conducive to improving health and wellbeing but also the outside and connecting spaces. Green spaces generates activities in which people take an interest such as environmental projects, community gardens and allotments, festivals, health projects and social enterprises. This of itself can have significant therapeutic benefits and assists in recovery from illness as well as increasing confidence and learning new skills.

HOW REDEVELOPING THE ROYAL EDINBURGH HOSPITAL CAMPUS SUPPORTS LOCAL STRATEGIC AMBITIONS

The table below sets out the services' specific strategies and the national strategies and policies to which they relate. The life spans of the service specific strategies are included and it should be noted that all with the exception of mental health will be due for review before the service is due for re-provision. This may reshape ambition and direction away from current and should this be the case it will be reflected in the business cases for those services. This is more likely to happen for those services due for re-provision in the later stages of the programme.

Learning Disabilities: inpatient learning disability service	
Strategic Ambitions	How the REH campus redevelopment supports local strategic ambition
<ul style="list-style-type: none"> • Lothian Learning Disabilities Strategy (2008-2013) <p>National Strategies that inform and compliment NHS Lothian's strategic programme;</p> <ul style="list-style-type: none"> • "Same as You?" (2000) • Learning Disability Quality Indicators (2004) • Equally Well (2008) <p>The Lothian Learning Disability Strategy recognises, in line with the national Learning Disabilities Strategy 'The Same As You?', that for a small number of people there is an ongoing need to access specialist services. The Lothian Learning Disability Strategy recommends NHS Lothian should re-configure the bed layout of existing acute assessment and treatment areas to provide smaller units and to include a female only provision. Achievement of the strategies stated values and required inpatient responses to people with learning disability and more complex needs are not possible within the current inpatient accommodation arrangements and its immediate environs.</p> <p>The requirement for access to specialist services which appropriately achieve the aims of the Lothian Learning Disability Strategy will best be achieved in fit for purpose accommodation. The Lothian Learning Disability Strategy and NHS QIS Learning Disability Quality Indicators acknowledge health inequalities experienced by those with learning disabilities and it is hoped this can be addressed through re-</p>	<ul style="list-style-type: none"> • Enables compliance with and delivery of the Scottish Government's recommendations within Same As You? i.e. that people with learning disabilities are not restricted to having their permanent place of residence within a hospital setting. • Catalyst for shifting the balance of care for some patients who do not need to be cared for in a hospital environment which is a central tenet of the Lothian strategy • Allows reconfiguration of the bed layout of existing acute assessment and treatment services to provide discrete pathways based on compatible groupings of needs of patients, smaller units, female only provision and single units for people who cannot tolerate shared accommodation, allowing better quality and more focussed assessment and person centred treatment plus appropriate and timely step down to rehabilitative settings which is a key ambition of the strategy • Improve required inpatient responses to people with learning disability and more complex needs which are not possible within the current inpatient accommodation or its immediate environs. This will facilitate repatriation of patients from out of area healthcare settings - again in line with national policy recommendations. • Improvements in health inequalities experienced by those with learning disabilities which are currently acknowledged in the NHS Lothian Quality Improvement Strategy and an ambition of the Learning Disability Strategy • Support the provision of discrete forensic assessment, treatment and rehabilitation pathway for both male and female patients, facilitating the completion of a pathway supporting discharge from the national and regional forensic learning disability estate. • Provide more appropriate environment for those

<p>provision as part of the overall redevelopment of the REH campus.</p>	<p>whose treatment may be lengthy or who need a more supportive setting for a long period</p> <ul style="list-style-type: none"> • Site considerations. The learning disability in patient services currently require, and will continue to require a high level of need for timely back up from skilled staff to ensure the safety of both patients and staff teams. • Continued co-location with adult general psychiatric in patient services supports a facilitated discharge pathway for those patients with LD for whom the most immediate treatment was delivered in adult general wards. • On-call Psychiatry is shared across LD and Adult General Psychiatry. A stand alone on-call rota for LD psychiatry is not viable. Continued collocation will enable this to continue. <p>The requirement for access to specialist services which appropriately achieve the aims of the Lothian Learning Disability Strategy will best be achieved in fit for purpose accommodation. Along with the Joint Mental Health and Wellbeing Strategy, the Lothian Learning Disability Strategy and NHS QIS Learning Disability Quality Indicators acknowledge health inequalities experienced by those with learning disabilities and it is anticipated this can be alleviated through re-provision as part of the overall redevelopment of the REH campus.</p>
<p>Physical Rehabilitation: Brain Injury and Neuro-rehab, Stroke and Cardiac Rehabilitation, Amputee and Prosthetic Rehabilitation, Elderly Orthopaedic Rehabilitation Service, Neuroprogressive Disorders (Lanfine Unit)</p>	
<p>Strategic Ambitions</p>	<p>How the REH campus redevelopment supports local strategic ambition</p>
<ul style="list-style-type: none"> • ‘Our Lives, Our Way’ Lothian Joint Physical Disability and Complex Needs Strategy (2008 - 2013) <p>National Strategies that inform and compliment NHS Lothian’s strategic programme;</p> <ul style="list-style-type: none"> • Adults With Incapacity (Scotland) Act 2000 • UN Convention on the Rights of Persons with Disabilities 2006 (UK ratification 2009) • "Co-ordinated Integrated and Fit for Purpose": A Delivery Framework for Adult Rehab in Scotland (2007) • NHS QIS Clinical Standards (2009) - Neurological Health Services • Older People Strategic Programme 	<ul style="list-style-type: none"> • These areas of redesign will deliver in the central tenets of the NHS Lothian clinical strategy - Only do in hospital that which can only be done there, shifting the balance to primary and community care and care at home. • Catalyst for shifting the balance of care through a range of service redesign/improvement initiatives • These modernisations will enable the redesigning of hospital processes to reduce length of stay and maximise efficiency of the specialist clinical input for the period of time that in patient medical care is necessary for the individuals effective rehabilitation • It will facilitate the redesign of patient pathways focusing on maximising value and minimising waste from a patient’s perspective • Provide earlier and better opportunities to become involved in and use mainstream services • Wider access to appropriate communication support through the consolidation and adjacency of a wider range of similar specialist services

- **Joint Framework 2012**
- **Live Well in Later Life – Edinburgh’s joint Strategy for Older People 2008-2018**
- **Midlothian’s Joint Older People’s Strategy 2011-15**
- **East Lothian Joint Strategy for Older people 2011-2020**
- **West Lothian’s Joint Commissioning Strategy for Older people 2012**

Lothian partners continue to strive to ensure that those with physical disabilities and complex needs have;

- The same opportunities to become involved in and use mainstream services
- Equable access to suitable, available and affordable transport
- Access to appropriate communication support
- People living at home have, accommodation that is adapted or alternative accessible accommodation is provided
- Ongoing health and social care is available in the community to enable people to remain at home or return home from hospital
- People are well informed and consulted and will become experts in their own needs
- There is a culture of informed risk taking
- Services put the person at the centre of their care
- Services work together with the person, their advocate and their family to provide a personalised service.

- Will facilitate a shift from the current culture of risk aversion due to the physical environment constraints to one of informed risk taking
- New site will provide daily opportunities for recovery through offering rehabilitation within a localised urban social environment (shops, libraries, leisure facilities etc) that are a necessary and key aspect of capability assessment and the development of rehabilitation programmes before discharge to the community
- Collocation on the REH site will enable the collocation/ clustering of compatible clinical speciality including neuro-rehabilitation; holistic assessment and rehabilitation plus the development of a centre of excellence/ consultancy service supporting the primary care/ community care rehab services.
- Inclusion of the Amputee rehabilitation services supports continued geographical connections with the SMART centre - A multi disciplinary out patients/ day patients’ mobility services including postural, prosthetics, orthotics, bio-engineering, Disabled Living Centre, Driving Assessment Centre.
- These modernisations will enable the redesigning of hospital processes to reduce length of stay and maximise efficiency of the specialist clinical input for the period of time that in patient medical care is necessary for the individuals effective rehabilitation
- It will facilitate the redesign of patient pathways focusing on maximising value and minimising waste from a patient’s perspective
- Will enable the shift in balance of care from hospital to communities with enhanced community services and supports
- Provide appropriate assessment and treatment environments that allow greatly improved assessment and treatment environments resulting in speedier recovery and discharge - this will optimise the greater independence and wellbeing of older people at home or in a homely setting to support the national vision
- The application of the change fund through the Transformational Plans and developing Joint Commissioning Strategies will be instrumental in ensuring the balance of care is shifted from hospitals to community environments
- Will support capacity and flow within scheduled care and contribute to the reduction in emergency bed days us
- An improved experience will be delivered for the patients

Mental Health: Adult Acute Mental Health, Intensive Psychiatric Care Unit, Mental Health Rehabilitation, Psychiatry of Old Age

Strategic Ambitions	How the REH campus redevelopment supports local strategic ambition
<ul style="list-style-type: none"> • Joint Mental Health and Wellbeing Strategy ‘A Sense of Belonging’ (2011-2016) • Lothian Dementia Action Plan (2009-2011) <p>National Strategies that inform and compliment NHS Lothian’s strategic programme;</p> <ul style="list-style-type: none"> • Adults With Incapacity (Scotland) Act 2000 • Mental Health (Care and Treatment) (Scotland) Act 2003 • Delivering for Mental Health (2006) • Equally Well (2008) • Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11 (2009) • Changing Scotland’s relationship with Alcohol – A Framework for Action (2009) • National Dementia Strategy (2011) <p>The current Joint Mental Health and Wellbeing Strategy ‘A Sense of Belonging’ (2011 – 2016) is an extension of the previous 5 year strategy building upon the many successes and reflecting a further shift in the balance of care with further associated investment in community services with a consequent reduction in inpatient provision. This strategy was subject to a period of extensive public consultation during which there was overwhelming support for its overall ambitions and aspirations.</p> <p>The Joint Mental Health and Wellbeing Strategy ‘A Sense of Belonging’ confirms that an enhanced range of community services are required with a consequent reduction in inpatient beds across Lothian. The adoption of a Public Social Partnership approach is being considered and community benefits in procurement (community benefit clauses) are being viewed as one of number of ways that will</p>	<ul style="list-style-type: none"> • Allow services to more easily build upon the many successes of the previous 5 year strategy in shifting the balance of care from hospital to community • Will provide for purpose accommodation that supports privacy and dignity • Address current inequalities to access to treatment by focusing on needs led services rather than chronological age • Provide better assessment and treatment environments that promote and speed up recovery • Give ready access to a greater range of expertise through the consolidation of other rehabilitation and treatment services on the same site • Continue to provide easy access to mainstream social environments (shops, libraries, leisure facilities etc) that are a necessary and key aspect of capability assessment and the development of rehabilitation programmes before discharge to the community • Continue to provide an outdoor environment that allows a range of leisure, relaxation and rehabilitation activities • Reduce the stigma of mental illness through service provision alongside a range of health services <p>It is acknowledged in the strategy that people with lived experience of mental health problems experience health inequalities. Models of care that put the person at the centre and brings access to services closer to their home will go some way to addressing this.</p>

<p>achieve social return on investments in terms of new builds and services that need to be redesigned or newly commissioned. Much of this change has already taken place as a result of joint plans developed with local authority and voluntary sector partners as a consequence of the 2005 – 2010 strategy. 24-hour access to community based services, including crisis support and intensive home treatment, is now available in all localities and acute inpatient mental health bed numbers are being reduced. Inpatient provision is now focused on two sites, the Royal Edinburgh Hospital and St John’s Hospital in West Lothian.</p>	
Substance Misuse: Substance misuse inpatient service	
Strategic Ambitions	How the REH campus redevelopment supports local strategic ambition
<ul style="list-style-type: none"> • Edinburgh Alcohol and Drugs Partnership Strategy 2011-2014 • Midlothian and East Lothian Drug and Alcohol Partnership Strategy 2010-2013 • West Lothian Alcohol and Drug Partnership Strategy <p>National Strategies that inform and compliment NHS Lothian’s strategic programme;</p> <ul style="list-style-type: none"> • Changing Scotland’s relationship with Alcohol – A Framework for Action (2009) • The Road to Recovery 2008 <p>NHS Lothian is a key partner in the 3 Lothian alcohol and drug partnerships (ADP/DAP) – Edinburgh, Midlothian and East Lothian, and West Lothian. The Edinburgh ADP has 3 high level outcomes it measures the success of its strategy.</p> <ol style="list-style-type: none"> 1. children, young people and adults’ health and wellbeing is not damaged by alcohol and drugs 2. individuals and communities affected by alcohol and drugs are safer 3. more people achieve a sustained recovery from problem alcohol and drug use. <p>The indicators of the success of the strategy includes fewer people admitted to Edinburgh-based hospital with alcohol related illness, achieve the HEAT target by</p>	<ul style="list-style-type: none"> • Environment that enables people with substance misuse problems to recover • Provide an inpatient facility for drug and alcohol detoxification to assist recovery

<p>2013 that service users will not wait longer than 3 weeks between referral and treatment starting, more service users complete treatment for alcohol and drug problems and move into recovery.</p> <p>The Midlothian and East Lothian Drug and Alcohol Partnership have 6 priorities. Priority 2 'We will enable people with substance problems to recover from them and live healthy crime-free lives' includes the aims of providing flexible and accessible services across a continuum of need including for people with mental health, learning and/or physical disability health issues and providing fast access to services at point of need.</p>	
Older People: Care of Elderly inpatient complex care services	
Strategic Ambitions	How the REH campus redevelopment supports local strategic ambition
<ul style="list-style-type: none"> • Older People Strategic Programme • Lothian Dementia Action Plan (2009-2011) • Older People Strategic Programme – Joint Framework 2012 • Live Well in Later Life – Edinburgh’s joint Strategy for Older People 2008-2018 • Midlothian’s Joint Older People’s Strategy 2011-15 • East Lothian Joint Strategy for Older people 2011-2020 • West Lothian’s Joint Commissioning Strategy for Older people 2012 <p>National Strategies that inform and compliment NHS Lothian’s strategic programme;</p> <ul style="list-style-type: none"> • Better Outcomes for Older People: Framework for Joint Services (2004) • All Our Futures: Planning for a Scotland with an Ageing Population (2007) • Reshaping Care for Older People (2010) National Dementia Strategy (2011) 	<ul style="list-style-type: none"> • Provide appropriate assessment and treatment environments that allow greatly improved assessment and treatment environments resulting in speedier recovery and discharge - this will optimise the greater independence and wellbeing of older people at home or in a homely setting • Reduce the number of transfers to acute hospitals by providing more appropriate treatment environments onsite • Facilitate the extension of the scope of services provided by non medical practitioners outside acute hospital through pooling of expertise on the same site • Supports 5 work streams of National Dementia Strategy - treatment and improving the response to behaviours that carers and staff find challenging, assessment, diagnosis and the patient pathway - improving the journey of people with dementia and their carers, improving the general service response to dementia, rights, dignity and personalisation and, health improvement, public attitudes and stigma • Provide environments that take account of the anticipated prevalence of dementia and the need to plan for the future • Improve capacity and flow management for scheduled care • Improve palliative and end of life care at home or in more homely settings • The model of care has been developed to ensure only those eligible for this intense level of service receive it, enabling the shift in balance of care from hospital to communities with enhanced community services and supports

<p>NHS Lothian, with partners across the local authorities and third sector, services users and carers are embracing the national 'Reshaping Care for Older People' vision and policy goals to;</p> <ul style="list-style-type: none"> • Recognise older people are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting. • Optimise the independence and wellbeing of older people at home or in a homely setting. This will involve a substantial shift in focus of care from institutional settings to care at home – because it is what people want and provides better value for money. <p>Established joint plans and strategies have been further developed, which will address the key themes associated with rebalancing care from institutions to support being enhanced within wider community environments.</p> <p>The application of Change Fund allocations will act as a catalyst for sustainable planned reshaping of services for older people. The established joint plans, strategies and the preliminary work undertaken as a demonstrator site for the Integrated Resource Framework position the Lothian partnerships well to develop the required Joint Commissioning Plans and further investigation of the development of a Public Social Partnership approach over the next year.</p>	<p>through the application of the change fund through the Transformational Plans and developing Joint Commissioning Strategies</p> <p>The National Dementia Strategy aims to improve the quality of treatment and care for older people with dementia across services. Like the mental health and wellbeing strategy, 'A Sense of Belonging', it aspires to remove the barrier of age to the equality of care and treatment. This has been acknowledged in the local bedmodelling and benchmarking work to date which has considered the growing prevalence of dementia and the ageing population profile of Lothian. The focus on older people's care, both locally and nationally, affects all services within the scope of the redevelopment. In order to meet the needs of people with dementia in hospital, dementia friendly design will be used.</p>
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Strategies applicable to all

Strategic Ambitions	How the REH campus redevelopment supports local strategic ambition
<ul style="list-style-type: none"> • NHS Lothian's Quality Improvement Strategy (2011-2014) • NHS Lothian's Property and Infrastructure Strategy (2007) • NHS Lothian's Clinical Strategy (2011) • NHS Lothian Values – strategic goals and themes • NHS Lothian's Vision for the Future – Five Year Plan (2009-2014) • NHS Lothian Design Action Plan 	<ul style="list-style-type: none"> • Improve patients' experience and outcomes • Improve quality of service delivery • Identify and eliminate waste • Provide person centred, safe, effective and efficient care • Maximise the impact of investment • Achieve Scottish Government set targets and standards across the whole system • Adhere to national DDS and fire standards for patient accommodation • Reduce health inequalities and stigma • Provide care in the most appropriate environment for the patient through improving quality and access to healthcare services • Acknowledge and plan for the changing age

<p>National Strategies that inform and compliment NHS Lothian's strategic programmes;</p> <ul style="list-style-type: none"> • HEAT targets • Scottish Indices of Multiple Deprivation • Our National Health: A plan for action, a plan for change (2000) • Adults With Incapacity (Scotland) Act 2000 • Partnerships for Care (2003) • Building a Health Service Fit for the Future (2005) • Delivering for Health (2005) • Better Health Better Care Action Plan (2007) • Adult Support and Protection (Scotland) Act 2007 • Improving Health and Wellbeing of People with Long Term Conditions in Scotland: a National Action Plan (2009) • NHS Scotland Healthcare Quality Strategy for Scotland (2010) • Patients Rights (Scotland) Act 2011 • Enterprising Third Sector Action Plan 2008 – 2011 - The Government Economic Strategy (2007) • Principles and Priorities: the Government's Programme for Scotland. 	<p>demographics of the population</p> <ul style="list-style-type: none"> • Better coordinated care • Safe guard the welfare, rights and dignity of patients • To rationalise the existing estate and reduce costs with more efficient and sustainable facilities and infrastructure. • The NHS Lothian clinical strategy ambition to address the overarching challenges of; financial challenges, changing demographics, workforce changes. <p>There is commonality of theme/aims across the local and national policies/strategies and legislation that link the different services and phases of the redevelopment.</p> <ul style="list-style-type: none"> • they aim to reduce health inequalities and stigma. • they aim to provide care in the most appropriate environment for the patient through improving quality and access to healthcare services. For the most part, this refers to providing more care in the community and less hospital-based care. Modern facilities will not only enable this discussion but provide an environment which better fits current and future models of care. • they acknowledge the changing age demographics of the population and the aim to improve the quality of care for older people across mental and physical healthcare services. • they aim for better coordinated care across specialities and between community and inpatient services. • safe guarding the welfare, rights and dignity of patients is at their centre. The achievement of this within the hospital environment is best achieved with facilities which meet current standards legislation and guidelines. <p>The aim of the redevelopment in re-providing services together is to achieve these aims through establishing an environment that promotes shared working, best practice, quality care and efficient models of care. These are reflected in the investment objectives that follow in Part B: The Case for Change.</p>
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DETAILED INVESTMENT OBJECTIVES

Investment Objective	Investment Objective Detail	Investment Objective Measurement
<p>1: To provide an environment that supports Clinical Effectiveness, meeting of national standards and targets and facilitates the implementation of best evidence based practice leading to improved treatment outcomes for patients.</p>	<p>Services meeting national and NHS Lothian stretched targets</p> <p>Services meet legislative requirements</p> <p>Allows expansion of the range of therapies delivered and therapeutic activities that take place in ward and other environments</p> <p>Provides good departmental relationships between services allowing integrated and efficient working practises</p> <p>Allows for co-location of services with shared clinical governance aspirations</p>	<p>Evidence of performance against relevant HEAT targets and NHS Lothian stretched targets over time</p> <p>Evidence of a robust case for co-location detailing clinical synergies between services</p> <p>Evidence of the use of protocolised care and treatment models</p> <p>Evidence of improved treatment outcomes demonstrated by the routine use of validated assessment tools</p> <p>Evidence of compliance with national quality measures</p>
<p>2. To provide a physical environment, the quality of which, promotes the health and well being of the buildings users</p>	<p>Improves the morale of patients, staff and visitors</p> <p>Provides a therapeutic environment</p> <p>Assists in the reduction of staff sickness/absence rates</p> <p>Provides adequate access to outside space</p> <p>Supports safety, privacy and dignity e.g. provision of single bedrooms with en-suites.</p>	<p>Survey to identify changes in morale</p> <p>Evidence reduced sickness/absence levels</p> <p>Evidence that at least 80% by floor area of occupied patient areas and consulting rooms have an average daylight factor of 3% or more and/or adequate view out.</p> <p>Evidence that the provision of an adequate outdoor amenity space accessible for use by the building's occupants.</p> <p>Target of 100% single rooms in accordance with existing Government policy</p>
<p>3: To provide services that will be easily and safely accessible to patients, visitors and staff by public and private transport.</p>	<p>The site location(s) enables patients to easily access services by foot, cycle or by public transport with easy drop-off and pick-up zones</p> <p>The site provides real time public transport information within a dedicated space</p> <p>Adequate car parking provision is provided for front line staff, essential car users and visitors to the site.</p> <p>Pedestrians should not have to cross vehicle access routes</p> <p>Site layout is designed to ensure</p>	<p>No more than ½ km from the nearest bus stop</p> <p>Dedicated set down and pick-up points within the site clearly identifiable in the site layout plans</p> <p>Availability of real time travel information available and operational</p> <p>Car parking arrangements meet the requirements of Scottish Planning Note</p> <p>Review of site layout drawings indicate clear separation of pedestrian and vehicular traffic and adequate cycle access</p>

	safe and adequate cycle access	
4: To optimise the efficient use of energy, water, and waste management and in so doing reduce lifetime recurring revenue costs whilst also reducing the carbon footprint by minimising pollution generation.	<p>Generate savings in revenue costs across each of the identified utilities over the life of the programme</p> <p>Programme achieves a Building Research Establishment's Environmental Assessment Method (BREEAM) rating of 'Excellent' for new build or 'Very Good' for any refurbished elements.</p> <p>Create a sustainable environment with due regard to green space, energy efficiency, scale, density, transport and working environment.</p> <p>Sufficient economies to provide adequate staffing levels at chosen option to ensure service delivery.</p>	<p>Evidence that the energy efficiency of the buildings' fabric, internal and external, and services has been optimised.</p> <p>Evidence that protection is given to vulnerable parts of the campus such as areas exposed to high pedestrian, vehicular or trolley movements.</p> <p>The development achieves the BREEAM credit for storage of recyclable waste.</p>
5: To provide an environment where clinical services can be efficiently delivered to a standard and timeframe that represents best possible outcome for patients, in conjunction with best value for money	<p>Provides an environment that facilitates the delivery of quality standards</p> <p>Provide and maintain medical and other professional staff rotas 24/7 (medical cover at all times).</p> <p>Maximise the efficiency and productivity of all clinical and support services by providing a therapeutic setting for patients, and a working environment for staff, that is optimised for both.</p> <p>Deliver best value through rationalisation of existing assets and optimised utilisation of new assets. This will also eliminate identified backlog statutory compliance liabilities.</p> <p>Deliver a project that is affordable</p>	<p>Evidence of purposeful therapeutic space that allows for evidence-based practice</p> <p>Evidence that support services are delivered more efficiently than at present</p> <p>Evidence of a project plan which reflects timescales consistent with those agreed by NHS Lothian Board</p> <p>Evidence of underpinning financial affordability information</p> <p>Evidence of detailed financial analysis and appraisals of the shortlisted options demonstrating which option provides best value for money</p>

<p>6: To provide a service environment that will easily allow engagement and involvement with service research and development opportunities with NHS Lothian's partner higher education institutes and will:</p> <p>a) advance treatments and interventions across all aspects of mental health care</p> <p>b) attract highly capable staff with progressive research interests and who can be more readily retained.</p>	<p>Support NHS Lothian's strategic objective, of becoming a learning organisation, by supporting Knowledge Exchange Systems.</p> <p>Easy access to training and teaching facilities and teaching staff</p> <p>Well-developed training, development and supervision programmes</p> <p>Formal partnership arrangements</p> <p>Research and development strategy and support arrangements</p> <p>Provision of appropriate facilities for the post-graduate teaching and educational supervision of all professional groups, including doctors in training, to include computer and appropriate library access.</p>	<p>Evidence of recruitment of highly qualified and published staff</p> <p>Evidence of reduced staff attrition rates</p> <p>Evidence of an increase in publication and research by staff and patients</p> <p>Evidence of robust formal partnership structure arrangements with higher education institute partners</p> <p>Evidence of approval from educational authorities regarding quality of training and facilities, including GMC for postgraduate medical education and the University partners.</p>
<p>7: To provide a re-provision project that minimises disruption to patients and allows the continued delivery of clinical services over the duration of the construction period.</p>	<p>Minimise disruption, decanting or phasing during construction where it adversely affects patients</p> <p>Optimal timescale to completion of build</p> <p>Improved availability of clinical and therapeutic facilities</p> <p>Improved delivery of clinical services</p> <p>Regular monitoring of facilities, services and availability</p>	<p>Identifiable decant space and clear decant plan in the event of decant being necessary.</p> <p>Programme Communication Plan clearly details decant or transfer plans with timescales and involvement detailed</p> <p>Evidence of a clear agreed project plan which reflects realistically the tasks required to deliver the programme in accordance with revised Scottish Government guidance provided by the Scottish Capital Investment Manual</p> <p>Evidence of performance improvement in meeting the HEAT target for readmissions.</p> <p>Evidence of ICP's being routinely used and process for service adjustments following review of pathway variances being implemented</p> <p>Evidence of the provision, availability and access to appropriate therapy spaces that support the delivery of care and therapies that meet national standards and clinical guidelines</p>

ROYAL EDINBURGH HOSPITAL CAMPUS – CURRENT ESTATE**1. Overview**

The site has undergone continuous development since the late 18th century; the remnants of an earlier building and garden wall are still visible. The oldest building is Mackinnon House, built in 1840, and the most recent is the Orchard Clinic (Forensic Psychiatry), completed in 2001.

Some of the older buildings are 'B' listed; this places significant constraints on their development potential.

The buildings have generally been well maintained and are structurally sound.

2. Mackinnon House

Mackinnon House sits at the heart of the site. It is a 'B' listed H shaped 3-storey building built as an asylum over three phases beginning in the 19th century. The main building has a gross area of about 10,400 sq. m with a further 2,000 sq. m in single or two storey extensions built around a courtyard to the rear. It has undergone various interior refurbishments and alterations over the years, and is currently used for both administrative and ward accommodation.

3. Andrew Duncan Clinic (ADC)

The Andrew Duncan Clinic, and adjacent Professorial Unit, is comprised of a conglomeration of buildings completed in the 1960s, which were built to provide acute inpatient care. Attempts have been made over the years to bring the Andrew Duncan Clinic up to current standards; however, it is inherently unsuited for conversion because of its structure and servicing arrangements.

4. Jardine Clinic

The Jardine Clinic, providing inpatient services for older people, although built in the 1980s, has similar problems to the ADC as it too was built to provide multi-bedded accommodation. It consequently has a relatively deep plan, making it economically and practically inefficient for conversion to single-bed room accommodation.

5. Affleck Centre

The Affleck Centre is a single storey former nurses' home built in the 1920s. This has been adapted to provide the Intensive Psychiatric Care Unit and the Department of Rehabilitative Continuing Care. Although reasonable in scale and form externally, its internal layout creates an unsuitable environment for its current purpose. The building presents many operational challenges for the staff that manage the unit.

6. Kinnair Ward

Kinnair Ward (not currently in use), the laundry, and associated workshops are smaller 19th century buildings forming a group immediately to the west of Mackinnon House. The garden to the south of Kinnair Ward has a listed 18th century wall.

7. William Fraser Centre, Greenbank Centre and Carnethy House

These are 3 stand-alone single storey buildings completed in the 1990s. They provide a total of 32 beds for learning disability patients. They form part of a pattern of low-density development in the north east corner of the site typified by individual buildings in a wooded garden-like setting.

8. Church

The Church is a grade B-listed corrugated iron clad building. Whilst environmental conditions internally are not ideal, and it is inherently thermally inefficient, the church is used on a daily basis for socialisation and recreational activities for inpatients.

9. Cullen Centre

The Cullen Centre is housed in a Victorian villa that was extended in the 1960s and currently provides specialist outpatient service for trauma and eating disorders services.

10. The Orchard Clinic

The Orchard Clinic is a 50-bed medium secure forensic unit completed in 2000. It is located in the north east corner of the current campus.

11. Young People's Unit

This 12-bed unit sits adjacent to the Orchard Clinic and was completed at around the same time. The YPU also provides outpatient facilities.

12. Scottish Ambulance Services Headquarters

The Scottish Ambulance Service Headquarters is a modern single storey building situated between MacKinnon House and the learning disability inpatient buildings of Greenbank Centre, William Fraser Centre and Carnethy House. The building is used for administrative purposes. The service relocated off site in early 2012. Decisions about the future use of the building have not been made at this stage.

13 The Nursery

The nursery is run privately as a cooperative. This single storey building stands next to the Affleck Centre and is of a similar age and aesthetic. The land occupied by the nursery is owned by NHS Lothian and the building is owned by Scottish Government Ministers.

14 Greenhouses

The site boasts a number of greenhouses which are used by occupational therapy services within the hospital.

ROYAL EDINBURGH HOSPITAL CAMPUS - CURRENT SITE PLAN



SUMMARY OF THE ROYAL EDINBURGH HOSPITAL (REH) CAMPUS MASTERPLAN AND FEASIBILITY STUDY

The Brief

NHS Lothian appointed consultants Austin-Smith:Lord, Hulley & Kirkwood and David Adamson & Partners to develop a masterplan and feasibility study for the Royal Edinburgh Hospital campus. The main purpose of the masterplan and feasibility study was to provide a framework within which NHS Lothian can improve and develop its care facilities and their settings.

The brief for this masterplan and feasibility study was as follows:

- Consider alternative uses for existing REH buildings given that buildings may be retained if they can be effectively and economically converted to satisfy current clinical and sustainability (BREEAM) standards
- Develop a generic ward accommodation design which would suit a variety of patient groups
- Taking account of co-locating mental health inpatient facilities with other services
- Develop alternative masterplans – providing 1) for existing mental health services and 2) for a maximum redevelopment of the site with additional inpatient services relocating from other hospital sites
- Review the road layout to segregate heavy vehicles, cars, and pedestrians wherever possible
- Establish how the site might be developed in an incremental way over a number of years, identifying both the location of development sites (for generic units based on an appropriate development model) and the order in which they could be progressed.

Austin-Smith:Lord, Hulley & Kirkwood and David Adamson & Partners carried out a site analysis, precedent study and developed a site and existing buildings strategy; making recommendations for the full development of the site.

The Site

The REH site is currently split into two parts by a mature tree belt running north - south. This divides the site into the eastern site where all the hospital buildings are located and to the west open land comprising 5.2 hectares including an orchard.

Historically, the site has played an important role in the historical development of Edinburgh and the site complex today and its connection to the evolving suburb of Morningside is an unbroken link to the past.

The site has several architecturally important buildings including MacKinnon House designed by important Scottish architect William Burn and the pre-fabricated church centre of Morton and Scott. This is a unique set of buildings with MacKinnon House forming the centre piece. The site has high social and communal value has meanings for a wide range of people.

Built Form

A number of buildings which have been added over the last three centuries, these are all of a different scale, height and architectural design. Newer buildings such as the Jardine Clinic, Greenbank Centre and William Fraser Centre could be retained and adapted to meet single accommodation and statutory building standards. Older buildings such as MacKinnon House, the Kinnair Unit, the Andrew Duncan Clinic, the Affleck Centre and the Church Centre are

unsuitable for adapting to single bedded ward accommodation. MacKinnon House could be retained for administrative and support services accommodation. It is also recommended the Kinnair Unit and Church Centre be retained for their historical value.

A generic ward design has been developed with clinical team at Royal Edinburgh Hospital with the aim this is that it can be adapted to meet the needs of a range of services and change in size to meet the needs of older people and the less physically able. The Generic ward accommodation was been developed as part of the overall site design.

Open Space

The southern boundary of the site is a continuous green edge, formed by a dense belt of mature trees with a formal lawn in front of Mackinnon House and large expanses of lawns surrounding Jardine Clinic.

The orchard takes up a triangular plot in the south west corner of this area. Around the rest of the site are gardens, lawns and trees associated with many of the buildings however, there is no real structure or connection to the landscaping.

Movement around the Site

The REH site has one main vehicular access via Morningside Terrace which connects into the main vehicular route around the site. A secondary vehicular access via Tipperlinn Road also links on to the main circulation route around the site.

Car parking is disjointed and spread across numerous areas of the site. There are insufficient parking spaces for the number of cars using the hospital. Around 80% of parking space on site is taken up by staff. A significant percentage of the parking is on the roadside around the site narrowing the roads.

The pedestrian access to the site is much like the vehicular access; a pedestrian gateway from Morningside Terrace and from Tipperlinn Road. Pedestrian flow around the site follows the vehicular route. Pavements are provided along the sides of some of the roads and provide access to most of the buildings; however, they are not continuous. From time to time pedestrians are forced to walk on the roads due to illegal parking.

Recommendations

The masterplan proposes to develop ward accommodation to the southern and northern edges of the open land creating a central 'village green'. This feature of open space will incorporate the existing Tipperlinn Bowling Club in the centre of the site.

Buildings which do not lend themselves to conversion to single bedded ward accommodation other than MacKinnon House, the Kinnair Unit and the Church Centre could be demolished and replaced with new ward accommodation units.

The principal access via Morningside would be downgraded to a restricted access and emergency vehicle access only. This would alleviate the problem of heavy traffic on small residential roads on this side of the site. Pedestrian access to the University of Edinburgh Kennedy Tower would be retained. The main access route to the site would be from Myreside Road.

The suggested plan for the configuration of buildings and road layout is found in Appendix 9.



**REDEVELOPMENT OF THE ROYAL EDINBURGH HOSPITAL CAMPUS
INFRASTRUCTURE ISSUES
SUPPLEMENTARY INFORMATION REQUIRED FOR THE INITIAL AGREEMENT
BASED ON INFORMATION PROVIDED BY HUB SOUTH EAST SCOTLAND LTD**

FEBRUARY 2012

1. Executive Summary

Hub South East Scotland Ltd (hubco) assessed that two 90-bed units could be built on the Royal Edinburgh Hospital (REH) campus without significant upgrading of the utilities infrastructure based on the information available including the preliminary master plan prepared for NHS Lothian.

Further phases of the redevelopment will need to incorporate an appropriate allowance to complete the infrastructure and utilities reinforcement required to support the longer development.

Based on information available at this stage, hubco estimates that the Phase 1 90-bed unit coupled with utilities and infrastructure works related only to this building could be developed at a net construction cost of circa £9.3m. Adding preliminaries, contingencies, fees, optimism bias¹, VAT, inflation etc to the net sum brings the estimated outturn cost for business case purposes to £19.6m (IA suggested £18m- £20m across options).

Hubco has provided NHS Lothian (NHSL) with a level of information to support both the Initial Agreement (IA) to be approved and a New Project Request (NPR) to be issued. Following this, hubco will be able to engage with NHSL to develop the required level of certainty regarding costs and development programme over the first phase and the planning for the wider master plan.

2. Background

2.1 Original Terms of Reference for hubco - 2011

In April 2011 hubco was asked to provide advice on the nature, number, and buildability of phases for the REH redevelopment. This request was issued in advance of a New Project Request. Where possible this was to include:

- updating construction budget information included in the 2010 masterplan report including a review of whole life costs
- Support to secure both planning in principle and subsequent detailed planning for each phase in due course.
- Further development of the masterplan's building services design strategy namely;
 - Confirmation that there is sufficient capacity to connect the first phase to the existing utilities infrastructure
 - An assessment of the cost of providing additional utilities to the site
 - Identifying the impact that various phasing options would have on the site infrastructure
 - How the development of the infrastructure might be phased and how the costs would be apportioned to each phase.

2.2 Revised Terms of Reference for NHSL / hubco- 2012

¹ Optimism Bias is not normally attributable to a revenue funded project, but is used to adequately reflect the risk / contingency element that should be priced by either Public Sector or Developer

Supplementary information on a number of issues including utilities infrastructure at the REH campus; has been provided including:

- costs for phase 1 infrastructure and utilities
- a costed scope of works schedule for the full programme's infrastructure and utilities
- requirements, costs, and timing of works for:
 - site transport (roads and parking)
 - energy
 - a pipe bridge over the adjacent railway

Hubco was also asked to review need for upfront infrastructure enhancements being asked to respond to Phase 1 queries based on existing information, with caveats clearly stated. Where additional information was required to answer "full programme" questions this was to be identified and time/cost implications set out.

Hubco have sought to assist NHSL in line with the appraisal work already carried out by hubco and Rybka to inform the IA, commensurate with RIBA Stage A "Appraisal".

Subsequently, following a meeting with SFT, revised requirements have been issued; hubco was asked to focus on:

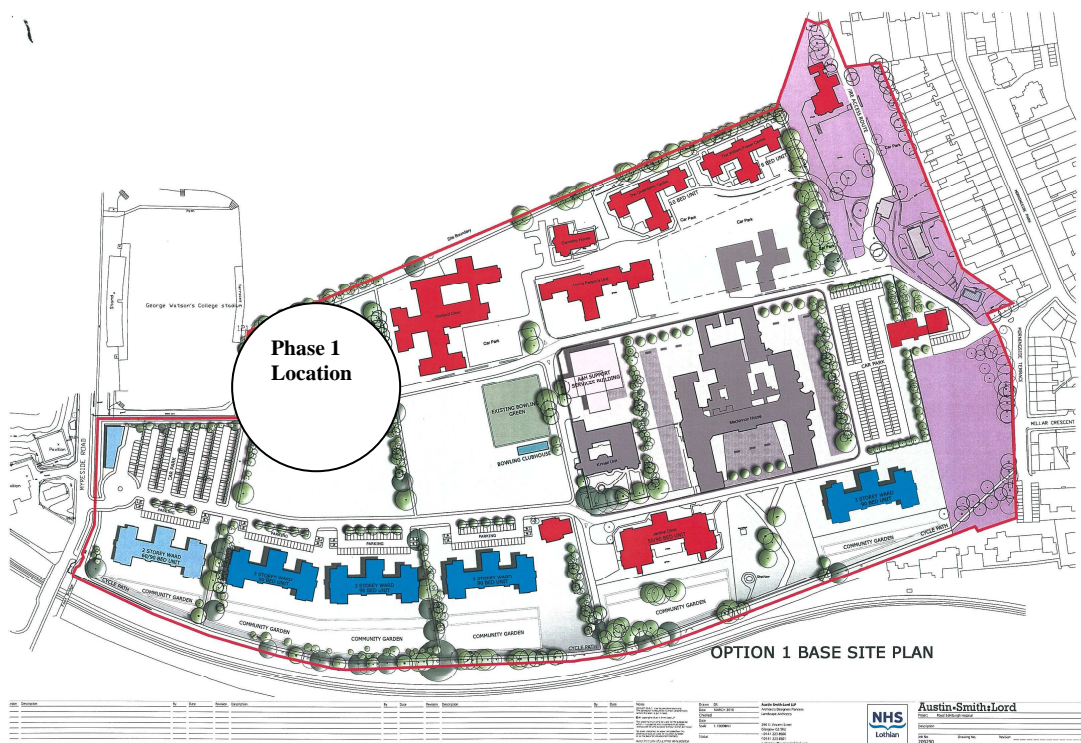
- 1) Infrastructure costs for Phase 1 and
- 2) Identifying the "tipping point" when significant infrastructure investment would be required.

3. Scope of Phase 1

Phase 1 of the REH redevelopment will comprise the construction of one new build 90-bed unit (refer to figure 1 for proposed location based on NHS Lothian's strategic Masterplan for the site); the costs include;

- Break out and remove existing roads, footpaths and hard standings
- Construct 90-bed unit
- Demolish existing bowling green clubhouse and construct new clubhouse (Planning, social and environmental objectives)
- Provide utilities and infrastructure for this phase only

Figure 1



3.2 Utilities Review

A high level appraisal of the energy supply requirements associated within the proposed REH masterplan was undertaken by Rybka, a hubco supply chain member, in 2011. Based on that analysis hubco suggested a stand-alone heating system would be the most cost effective solution, and that has been included in IA budget costs. It responds simply and flexibly to the needs of a phased implementation with uncertain programme durations. The phasing issue, along with the associated upfront costs, is one of the major factors in discounting a centralised plant solution (as had been suggested in the masterplan report). Decentralising minimises the need for potentially unnecessary capital investment in infrastructure should later phases not proceed.

Development of a decentralised energy strategy to support the phased redevelopment offers a number of substantial advantages.

- Legacy overheads associated with the centralised, inefficient existing steam heating system are avoided.
- Dedicated gas and electrical utility connections are delivered to each building. These can be purpose designed and the delivery arranged to reflect the location of each building and the timing of its construction. It should be noted that the existing electrical distribution infrastructure is at maximum capacity. In simple terms, any development after Unit 1 must either replace existing facilities / service provision or upgrade the electrical supply infrastructure to the site.
- Costs associated with each phase are readily attributed to that phase and upfront investment in utilities can be actively managed down to the minimum to support each phase.
- However, the current site wide infrastructure, such as roads, car parking and facilities, also requires improvement. This will become more acute when supporting further phased development; this will result in more expensive unit costs for later phases if not addressed in the interim.
- The surface water and waste systems for Phase 1 would be connected to the existing systems. Existing site drawings show a 230mm diameter waste and 900mm diameter surface water system adjacent to Unit 1 (this has to be confirmed on site).

Hubco has had informal discussions with the utilities agencies to explore a low cost utilities option for the site. Desktop analysis indicates that, with relatively minor changes, the existing infrastructure would be capable of supporting the development of the first 90-bed unit.

3.3 Phase 2 onwards

Hubco suggests that the infrastructure and utilities reinforcement required to facilitate the overall development should be undertaken as part of the second phase (currently identified as providing new accommodation for Astley Ainslie services).

Phases 1 and 2, as set out in the IA, will deliver over 60% of the envisaged redevelopment. Hubco believes that the commitment to undertake infrastructure reinforcement at that time will create cost efficiencies for the development of the remaining phases and provide flexibility for future accommodation demand and sequencing requirements.

The most cost efficient reinforcement and improvement of the infrastructure would be to undertake all upgrading simultaneously but phasing, and health and safety logistics, would have a bearing on the practicality of such an approach. In overall development terms, the site wide infrastructure enhancement is marginal in relation to the building costs, albeit potentially at a higher rate than greenfield development costs due to phasing.²

3.4 Other infrastructure issues

Over recent years, the REH site has been considered for a variety of developments, including large scale single build and disposals. A number of infrastructure improvements have been considered to upgrade and separate utilities to cope with significantly more intensive developments.

One of these related to a new drainage pipe bridge to be located to the west of the site and crossing a railway line. This was proposed in the earlier PFI development because the

² hubco's initial report (June 2011) identified a total utilities infrastructure cost of £3,572m (net) which indicatively was spread over 8 buildings (equating to a gross development capacity of 720 new build beds and associated services).

whole hospital was shifting to the west of the site. The east of the site was to be sold off for residential development (including Mackinnon House). Under this proposal it was considered that drainage capacity to the east in Morningside would be taken up by the residential development; this necessitated the hospital drainage being taken over the railway line to drains running under Watson's pitches to the south west. A cost for such additional work has been estimated previously at circa £0.5m net (includes for new pipe bridge and service routes)

Given that sale of part of the site is no longer proposed, the current assumption is that the hospital drains can continue to track east. Further site appraisal will be undertaken as part of future phases to confirm this assessment.

3.5 Delaying the "Tipping Point"

As indicated above, significant infrastructure enhancement would be required if the electrical load on the site is increased beyond existing levels. Constructing Phase 1 without infrastructure enhancement is only possible because it will provide new accommodation for services already on site and thus will not increase the load. Vacated accommodation (Andrew Duncan Clinic) will subsequently be demolished.

The IA suggests that Phase 2 will involve services from the AAH transferring to the REH. This would require infrastructure enhancement as it would increase the electrical load on the site.

The only way to delay the "tipping point" would be to reprovide other services already on the REH. Removing the ADC's load would actually allow new accommodation for up to 150 inpatients to be built without increasing the overall site load – further demolitions would free up more electrical capacity and thus increase the potential scale of redevelopment without the need to reinforce the infrastructure.

Hubco suggests that it could be cost effective to develop a second unit in conjunction with Unit 1. Ideally, this building would be based on a similar scope to Unit 1. Hubco believes that this unit could also be developed with limited expenditure on utilities and infrastructure assuming that no additional demand for power is created.

This assumption is based on the location of the second unit being either:

- a) The site of the current Andrew Duncan Clinic (see figure 2, below) or
- b) The site adjacent to Myreside Road; some additional costs relating to demolition will be incurred if the Andrew Duncan Clinic site is chosen.

If the second unit were to be developed and constructed in parallel with Unit 1, hubco believes that it could deliver better value for money.



5. Outturn Costs Associated with Unit 1 (and a Second Unit for Illustration)

Preliminaries, contingencies, fees, optimism bias, VAT, and inflation etc must be added to the net sums to arrive at estimated outturn costs for business case purposes.

Figure 4

	UNIT 1	SECOND UNIT
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
TOTAL ESTIMATED OUTTURN COST	[REDACTED]	[REDACTED]

6. Astley Ainslie to Royal Edinburgh Campus

The IA indicates that Phase 2 could include a number of Astley Ainslie based services with subsequent phases incorporating further Royal Edinburgh and Liberton hospital based services.

If Phase 2 does comprise AAH services then the REH's infrastructure "tipping point" will be passed and the infrastructure will need to be enhanced as described above.

The infrastructure improvement costs will depend upon the requirements of services being brought to the site; identifying these costs is considered an area of work that will be undertaken with hubco as part of design development, post IA approval. This will enable NHSL to work with hubco to develop service, capital, and town planning options to maximise the development capacity of the REH, optimise the timing of infrastructure improvements, and release areas of the AAH.

Capital Planning and Projects
23 February 2012

DETAILED BUSINESS NEEDS

1. There is a need to provide an environment that supports clinical effectiveness

Existing arrangement	Business need
<p>At present there are many multi-bed areas that have two or more people sharing on both REH and AAH. There have been many criticisms of these arrangements in the past most notably by the Mental Welfare Commission³. The Commission, in the same report, was critical of the bathing and toilet arrangements in the acute ward environments at the REH due to their lack of privacy and general state of repair. The current arrangements across both sites do not meet the requirements of current national policy on single rooms.</p>	<p>Single room accommodation with en-suite facilities is required for all patients.</p>
<p>In providing clinically effective services it is always best, where appropriate and possible; to use evidence based therapies and interventions. In the case of mental health and learning disability service users who are subject to compulsion, the Millan Principles includes that of 'Reciprocity'. This states that where society imposes an obligation on an individual to comply with a programme of treatment or care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services.</p> <p>Currently, the ability to provide appropriate reciprocal treatment whilst in hospital is less than ideal due to high usage of space in which to conduct therapies and interventions. Whilst services meet the basics of the legislation they seek to further achieve the human rights spirit of the legislation with improved ward layout and facilities.</p> <p>In the case of both sites more access to appropriate space the range of available therapies could be greatly enhanced and the quality of this provision greatly improved. This should result in greater and faster recovery rates resulting in shortened length of stay in hospital and better outcomes for service users overall.</p>	<p>Appropriate therapy space is required to deliver necessary care.</p>
<p>Patients detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 frequently require to be closely observed. The Millan Principles underpinning this act includes that of 'Least Restrictive Alternative'. i.e. patients should be provided with any necessary care, treatment and support in the least invasive manner. The current ward configuration is such that the practice of close observation is more challenging.</p>	<p>Ward accommodation needs to be designed that permits unobtrusive observation.</p>
<p>Some patients particularly in the acute mental health, learning disability and brain injury environments can, periodically, display high levels of disturbance and distress. When this occurs in a shared bedroom environment it can affect everyone. This can exacerbate</p>	<p>Single bedroom accommodation is needed where appropriate support can be provided with relative privacy and dignity</p>

1. Mental Welfare Commission Scotland. Report on inpatient sites visit 2008 / 2009

the health problems of others who are already feeling anxious and vulnerable due to their illness. This can make the therapeutic endeavour of services more challenging and result in longer periods of admission.	in terms of the individual and without the associated discomfort to other service users.
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2. There is a need to provide a physical environment that promotes health and wellbeing

Existing arrangement	Business need
<p>The REH has approximately 37,500m² of accommodation that is within the scope of the re-provision programme. This was surveyed as part of the NHS Lothian Property and Infrastructure Strategy in 2007. The survey found the REH to be deficient in many areas. Almost all the current facilities, to a greater or lesser degree, are less than ideal.</p> <p>NHS Lothian's Estates Buildings Survey at the time identified the cost of bringing all categories up to condition B (Acceptable but still with minor non-compliance resulting from recent changes in standards)⁴ as £60 million.</p> <p>The Astley Ainslie Hospital has approximately 26,277m² of accommodation. The survey found the AAH to also be deficient in many areas. The cost of bringing all categories up to condition B was estimate to be £18 million at the time of the survey. Since 2007, a lot of work has been carried out to improve compliance with statutory and non-statutory standards.</p> <p>The positive effects of healthcare environment on patients' recovery are well known and documented^{5 6} However, NHS Scotland recognises that "In spite of evidence of the major stress caused by illness and the subsequent traumatic experience of hospitalisation, there has, historically, been comparatively little emphasis on the creation of surroundings which can calm patients, reinforce their ability to cope in such environments and generally address their social and psychological needs".⁷</p>	<p>The re-provision and site development needs to begin a process of 'supportive design' to eliminate the environmental characteristics which are known to contribute to stress or that have negative impacts on outcomes</p> <p>The process will emphasise the inclusion of characteristics in the healthcare environment which research has indicated have the ability to calm patients, reduce stress and strengthen their ability to cope and promote healthy, healing, recovery processes.</p>

3. There is a need to provide services that will be safely accessible to patients, visitors and staff by public and private transport.

Existing arrangement	Business need
The current REH hospital campus is sited in an urban location within South East Edinburgh. The AAH is situated	Patients, visitors and staff need sustainable

⁴ Category B Physical Condition: a building that is in an acceptable condition for its use. No immediate expenditure required except for minor repairs and upgrading and for routine operational maintenance. The building will have a life expectancy for its existing use without major repairs or upgrading.

⁵ Lawson, B. R. (1994). Design in Mind. Oxford: Butterworth Architecture

The Health and Care Infrastructure Research and Innovation Centre; Developing an integrated approach to the design of high quality healthcare space using Modelling, Simulation and Visualisation

⁶ Lawson, B. R. and M. Phiri (2003). The Architectural Healthcare Environment and its Effects on Patient Health Outcomes. London, The Stationery Office. ISBN 0-11-322480-X

⁷ NHS Scotland's Policy on Design Quality 2006

⁸ <http://www.scotland.gov.uk/Resource/Doc/157751/0042649.pdf>

<p>about a half mile away in a similar setting. In the case of both the following hold true;</p> <p>Public transport Although very well-served by public transport there are still stakeholders from Edinburgh, as well as outlying areas, who feel the REH is difficult to get to.</p> <p>Parking The current site has significant problems with car parking. This is less convenient for visitors and staff alike. Offsite venues are sometimes chosen for business meetings due to parking facilities in the hospital often being full; this increases time spent travelling for staff.</p> <p>Site safety The major circulation routes within the hospital are shared by pedestrians, cyclists, cars and delivery vehicles.</p> <p>Deliveries Current arrangements require delivery and support service vehicles to use the same entrances and exits as visitor and service users with all roads requiring pedestrian crossings to allow pedestrian circulation.</p> <p>General transportation trends Given that road vehicle traffic in Scotland is forecast⁸ to rise by 27% over the next twenty years NHS Lothian, as an employer and a service provider, has an important role to play in managing access to the hospital site and in managing the environmental impact of predicted traffic growth.</p> <p>NHS Scotland⁹ advises that:</p> <p style="padding-left: 40px;">“An NHS Scotland body’s environmental management strategy must include measures aimed at promoting more sustainable travel choices through the implementation of Green Travel Plans, in association with Local Authorities.”</p> <p>Therefore, NHS Lothian (in partnership with the four local authorities, Lothian Regional Transport, and other providers) must ensure that there are appropriate sustainable travel choices to ensure that patients and staff working shift patterns are able to access the re-provided hospital campus.</p> <p>Accessing health services can be more difficult for those who:</p> <ul style="list-style-type: none"> - live in rural areas of Lothian; - live in isolated or deprived urban areas; - have limited mobility through age or disability; 	<p>travel options to get to the Royal Edinburgh Hospital campus and encouragement to use them.</p> <p>The final site masterplan for the new hospital needs to:</p> <ul style="list-style-type: none"> - provide appropriate levels of parking for those staff and visitors that need to travel by private vehicle - allow separation of pedestrian and vehicle routes thus encouraging cycling and walking - minimise the need for delivery vehicle traffic across the site.
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⁹ Scottish Executive Health Department Environment Policy 2006
http://www.sehd.scot.nhs.uk/mels/hdl2006_21.pdf5

¹⁰ CEL 1, 18th January 2008; Revised Guidance on Hospital Car parking Charges

¹¹ Meeting the needs, priorities, actions and targets for sustainable development in Scotland*
www.scotland.gov.uk/Publications/2002/04/14640/4041 published 2002 and modified 2006

<p>- or are on low income.</p> <p>In Scotland 27% of the population do not have access to a car; for single pensioner households this rises to 74%¹⁰¹¹. Public transport links to health services are therefore vital.</p>	
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4. **There is a need to optimise the efficient use of energy, water, and waste management to reduce both revenue costs and the hospital’s carbon footprint.**

Existing arrangement	Business need
<p>The buildings across both sites within the scope of this programme fall short of current sustainability standards. NHS Lothian is responding to increasing demands to reduce the carbon footprint of the services it delivers. This is increasingly difficult to achieve in accommodation that is outmoded though significant progress has been made by the recent installation of a new super-efficient boiler.</p>	<p>Optimising the use of energy, water, and waste management will be best achieved (and most cost effectively) in buildings that have been designed with these objectives in mind.</p>

5. **There is a need to provide an environment that supports Research and Development and attracts and retains highly skilled staff.**

Existing arrangement	Business need
<p>There have been many advances in treatment options in recent decades. Providing teaching to staff in training and following this with opportunities for practical application of skills is vital in preparing them to work with and treat service users effectively. The current clinical areas require more spaces for teaching and providing therapies.</p>	<p>Appropriate space for teaching and providing therapies is required in the new campus arrangements.</p>

Bedmodelling and Benchmarking Summary

To date the REH redevelopment has carried out two pieces of work in 2010 on baseline activity, bedmodelling and benchmarking for all mental health specialities at the Royal Edinburgh Hospital. This included adult acute mental health, psychiatry of old age, alcohol problems and adult rehabilitation. Further revised work is currently being carried out to include more services within the revised scope of the REH redevelopment. This will not only inform the redevelopment but also the immediate service redesign work which will enable re-provision in the future phases of the redevelopment. It should be noted the work to date does not take into account changes in models of care and is based on population and demographic projections.

The aim of this work is to provide a person centred, safe and effective focus to the strategic approach of re-providing inpatient accommodation ensuring sufficient capacity for future years. This approach will not only be for the mutual benefit of patients and NHS Lothian in providing appropriate care and treatment but also effective care and treatment in the most appropriate environment. In achieving the best quality care this linked up approach will focus on the NHS Scotland's Quality Strategic Aspirations. In doing so it is hoped this work will help NHS Lothian achieve the broad investment objectives of the programme;

- to implement service models which support the services' strategic objectives by optimising the quality of safe inpatient care delivered in Edinburgh and the Lothians
- to ensure that care is structured around the needs of patients and delivered through an integrated (inpatient and community) pathway as agreed within the NHS Lothian Strategic Programme

and the specific investment objectives to provide;

- easily and safely accessible services
- facilities that support the delivery of efficient services
- a clinical environment that supports clinical effectiveness

The following analyses compare adult acute mental health activity in the baseline year of 2008/09, which was chosen as an average year, with average length of stay of English peer health systems and specific areas in Lothian. It should be noted West Lothian adult acute mental health beds are not included in the scope of the programme but was included to inform discussion about models of service delivery and redesign.

1 Royal Edinburgh Hospital Adult Acute Mental Health Activity Analysis

This analysis carried out in June 2010 looks at activity at the Royal Edinburgh Hospital (REH) site as part of the REH re-provision programme. Data has been taken from the patient administration system PIMS. St John's admissions are not recorded on PIMS, these are now recorded on the Trak system. A similar dataset has been prepared for 2008/09 with the Trak data with the exception of the additional treatment specialty detail, which is not recorded.

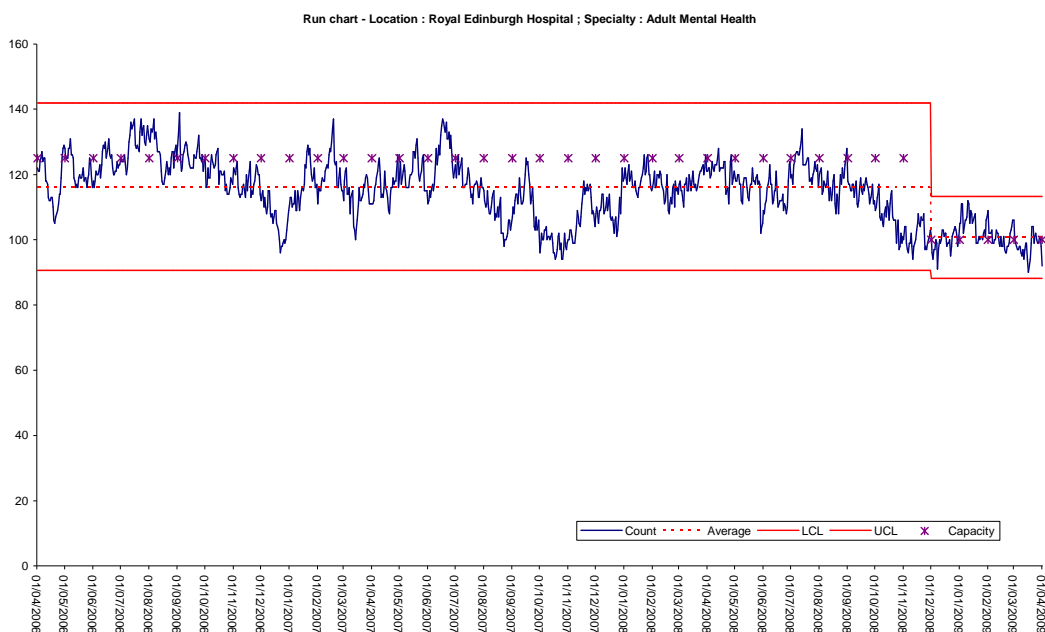
Data has been taken for all admissions 01/04/06 to 31/08/09, as well as all discharges in this period who were admitted prior to 01/04/06, and all admissions prior to 01/04/06 who were still resident after 31/08/09. This means that all patients with an inpatient or day case stay over the three year period will be included in the dataset.

Data on the populations of Lothian and Scotland has been taken from the Government Record Office for Scotland (GRO Scotland) website.

This summary focuses on work carried out for adult acute mental health activity.

2 Historical activity

The chart below shows the number of occupied beds over the three years (2006/7, 2007/8, 2008/9). As a result of a reduction in capacity from 01/12/2008 from 125 to 100 beds, the limits and mean (an average) have been recalculated. The crosses on the chart represent the capacity of the adult acute wards.



3 Average Length of Stay Projection of Activity

The following table shows 2008/09 baseline year adult acute mental health activity split by the locality to which the patient belongs.

Area	Patients discharged 2008/09	ALOS	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1061	36.1	38,291	105	110	117
East (2)	182	34.0	6,188	17	18	19
Mid	126	23.4	2,943	8	8	9
West (1)	324	19.0	6,166	17	18	19
Unknown	177	22.7	4,011	11	12	12
Total	1,870		57,599	158	166	175

Table 6 – Average length of stay (ALOS) for patients discharged in 2008/09 split by locality. NOTE: Not all figures will sum due to rounding

¹ West Lothian figures are from St John's Ward 17 admissions.

² East Lothian residents are from REH and Herdmanflat Hospital as more EL patients are resident in the latter.

The average length of stay in the table excludes length of stay in excess of 365 days to avoid outliers skewing the results. In future models of care, patients expected to have extremely long lengths of stay may not necessarily reside in acute areas and so it is appropriate to exclude stays greater than 365 days from the calculation.

The table above demonstrates that there are clear differences between the lengths of stay between patients from different areas of Lothian. The average length of stay for Midlothian is 23.4 days and for West Lothian is 19.0 days.

The General Register Office for Scotland produces various population estimates for Scotland. The projections below uses the General Register Office for Scotland predictions about population change in the years 2011-2031 for Lothian health board split by sex and age band (0-15, 16-29, 30-49, 50-64, 65-75, 75+ yrs).

The following projections have been created using a hybrid average length of stay of 20.2 days based on the Midlothian and West Lothian average length of stay 2008/09. This assumes that the model of care remains the same in Midlothian and West Lothian and that a similar model of care is suitable for adoption in Edinburgh and East Lothian.

Midlothian / West Lothian-based (ALOS = 20.2 days (weighted))*

Area	2011				
	Admissions	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1,121	22,700	62	65	69
East	192	3,882	11	11	12
Mid	126	2,938	8	8	9
West	339	6,451	18	19	20
Unknown	186	3,758	10	11	11
Total	1,964	39,728	109	115	121

Area	2016				
	Admissions	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1,140	23,071	63	67	70
East	196	3,965	11	11	12
Mid	121	2,822	8	8	9
West	346	6,585	18	19	20
Unknown	188	3,806	10	11	12
Total	1,990	40,248	110	116	123

Area	2021				
	Admissions	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1,159	23,468	64	68	71
East	198	4,016	11	12	12
Mid	116	2,707	7	8	8
West	352	6,707	18	19	20
Unknown	190	3,852	11	11	12
Total	2,016	40,750	112	118	124

Area	2026				
	Admissions	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1,178	23,844	65	69	73
East	199	4,035	11	12	12
Mid	110	2,580	7	7	8
West	356	6,769	19	20	21
Unknown	192	3,885	11	11	12
Total	2,035	41,112	113	119	125

Area	2031				
	Admissions	OBDs	Beds at 100%	Beds at 95%	Beds at 90%
Edinburgh	1,195	24,195	66	70	74
East	199	4,022	11	12	12
Mid	104	2,435	7	7	7
West	356	6,774	19	20	21
Unknown	193	3,902	11	11	12
Total	2,047	41,329	113	119	126

*The data in the tables above show a projection for the number of bed days required using different lengths of stay and adjusting for changes in population.

It is noted as before that the data in the tables include St John's Hospital and Herdmanflat Hospital in the calculation of occupied bed days. The numbers in the tables are therefore the number of bed days (and beds) required across the three sites as they stand currently, not the number of beds required at the REH site.

To date the data has been used to inform further development of the models of care by taking the learning from those areas that have achieved the most significant reductions in the numbers of admissions and lengths of stay. Further validation of this work has been done in terms of the comparisons with similar health systems across the UK and demonstrates that across most services Lothian compares favourably in terms of bed numbers by population. There are obvious limitations to this work in terms of differences in the availability of services of wider

services within the different systems and differences in definitions of specialities. More detailed baseline studies and analysis of this nature is currently being developed for all services in the scope of the programme and these will be explored in greater detail as each of the OBCs and FBCs are taken forward.

4 Tribal Consulting Bedmodelling

Further, independent work has been carried out by Tribal Consulting in July 2010 to assess the 2008/9 activity in relation to peers in England. For adult acute mental health activity the scope included Herdmanflat Hospital beds in East Lothian.

5 Baseline Activity

The table below shows the baseline beds (2008/09) at 95th percentile excluding pass days and the revised beds excluding pass days.

Site	Pools	Beds Baseline Including Pass Days	Revised Average Occupancy	Revised Beds Excluding Pass Days	Difference
Royal Edinburgh	Acute Mental Health	120	90%	100	-20
Herdmanflat	Acute Mental Health	18	90%	15	-3
All Sites	Acute Mental Health	138		115	-23

In the table below the indicative beds based on the baseline year were then used to assess indicative beds based on upper quartile performance of adult acute length of stay of English Peer Group (all Adult acute mental health providers for HRGS n=75). This shows an overall difference of 13 beds when benchmarked.

Site	Pools	Baseline 08/09 Indicative Beds Current LOS	Baseline 08/09 Indicative Beds BM* LOS	Difference
Royal Edinburgh	Acute Mental Health	100	89	-11
Herdmanflat	Acute Mental Health	15	13	-2
All Sites	Acute Mental Health	115	102	-13

*BM = benchmark, LOS = length of stay

6 Projections for 2013/14 and 2015/16

Based on demography only the projections for 2013/14 and 2015/16 are below for the baseline year indicative beds with current LOS used previously above;

Site	Pools	Baseline 08/09	2013/2014	2015/2016
Royal Edinburgh	Acute Mental Health	100	103	104
Herdmanflat	Acute Mental Health	15	15	15
All Sites	Acute Mental Health	115	118	119

The baseline year activity was then used to project 2013/2014 and 2015/16 indicative beds based on upper quartile performance of adult acute length of stay of English Peer Group (all adult acute mental health providers for HRGS n=75).

Site	Pools	2013/2014 Indicative Beds Current LOS	2013/2014 Indicative Beds BM LOS	2013/2014 Difference	2015/2016 Indicative Beds Current LOS	2015/2016 Indicative Beds BM LOS	2015/ 2016 Difference
Royal Edinburgh	Acute Mental Health	103	92	-11	104	91	-13
Herdmanflat	Acute Mental Health	15	13	-2	15	13	-2
All Sites	Acute Mental Health	118	105	-13	119	104	-15

This analysis will be used in further developing models of care and confirming bed numbers for re-provision. In developing models of care, this work will also be used for comparisons with other health systems in England for best practice examples. It is hoped this work will help NHS Lothian achieve its ambition to be within the top 25 healthcare systems in the world.

Further work is being carried out currently to inform the service redesign work of other services within the wider scope of the programme. This is due to report in April 2012. It is intended that this will not only inform the long term ambitions of the programme and service re-provision but also assist in the immediate and interim changes that will enable this goal. This work will also be used to inform the OBCs and FBCs of the phases of the programme.

SCOPE OF THE PROGRAMME

Included	<ul style="list-style-type: none"> • Adult Mental Health Inpatient Wards • Intensive Psychiatric Care Unit (IPCU) • Alcohol Problems Service Inpatient Unit • Care of Elderly Functional Assessment • Care of Elderly Organic Assessment • Care of Elderly Early Onset Dementia • Care of Elderly Continuing Care • Carnethy House (Learning Disabilities) • Greenbank Centre (Learning Disabilities) • William Fraser Centre (Learning Disabilities) • Elderly Orthopaedic Rehabilitation • Amputee and Prosthetic Rehabilitation • Neuro-rehabilitation (Charles Bell Pavilion) • Scottish Neurobehavioural Rehabilitation Unit (Robert Fergusson Unit) • Stroke and Cardiac Rehabilitation • Lanfine Progressive Neurological Disorder Unit • Physiotherapy • Occupational Therapy • ABI/Stroke Therapy • Rehabilitation Studies Unit • Hydro pool • AHP and Imaging Service • Pan-Lothian Occupational Health and Counselling Service • Medical library • Doctors on-call residence • Clinical Offices • Administration services – Hospital Management, Social Work, Dieticians, Health Promotion, Heart Manual, Handicabs, Lothian Unscheduled Care Service etc • Hub services – Reception, Mental Health Tribunal Suites, Welfare office, Patient Funds, Cashier, REH Patient’s Council, Advocacy, Partnership Office, Shop, Chaplain, Security, Headway Group, AAH multi-discipline training and teaching rooms • Estates Function • Hotel Services – Domestic, Portering, Laundry, Sewing • Catering • Staff Dining and Coffee Lounge • Royal Edinburgh hospital Pharmacy • REH Clinical Centre (Electroconvulsive Therapy (ECT)) and Dental Services • Patient Social Centre/Visiting Services Centre – Artlink Project, Outlook Project, Patients’ Library, Coffee Shop
Excluded	<ul style="list-style-type: none"> • SMART Centre • REH and AAH Nursery • Information Management and Technology • Medical Records • Training and Manual Handling • Psychiatry of Old Age Day Hospital Service • Accommodation for University staff undertaking research

	<ul style="list-style-type: none"> • Service for Veterans • Trauma Services • Clinical Psychology • Psychotherapy • Adult Mental Health Rehabilitation Community places • South Central Community Mental Health Team staff base • Eating Disorders Services
Decision Pending	<ul style="list-style-type: none"> • Mental Health Rehabilitation Service Intensive • Mental Health Rehabilitation Service Slow Stream • Mental Health Rehabilitation Service • Lifeskills Centre • Intensive Home Treatment Team staff bases • Mental Health Rehabilitation Community Team staff base
Out with the Scope of the Programme	<ul style="list-style-type: none"> • Forensic Services (Orchard Clinic – regional medium secure forensic psychiatry unit) • Young People’s Unit (YPU) building • Scottish Ambulance Service National Headquarters

BENEFICIARIES AND BENEFITS

	Beneficiaries				Benefits			
	Patients	Staff	Visitors	NHSL	Economic	Financial	Measurable	Qualitative
Main Benefits Criteria								
Clinical Quality								
• maintains or improves clinical outcomes	✓						✓	
• provides timely and appropriate services enabling care to be delivered by the right people, in the right place, and at the right time	✓						✓	
• minimises clinical risk	✓	✓					✓	
• provides appropriate clinical adjacencies	✓	✓					✓	
Functional Suitability								
• provides an environment suitable for the delivery of care and one which improves the morale of patients, staff and visitors	✓	✓	✓					✓
• provides an environment that promotes safety, privacy and dignity including single en-suite bedrooms for all service users	✓						✓	
Accessibility								
• provides good access to the Hospital's services whilst promoting sustainable travel options	✓	✓					✓	
• provides appropriate levels of parking for those staff and visitors that need to travel by private car		✓	✓				✓	
• minimises the need for delivery vehicle traffic within the site	✓		✓				✓	
Sustainability								
• optimises the use of energy, water, and waste management				✓		✓		
• reduces the carbon footprint of the hospital's services				✓		✓		
• able to meet current and future demands in activity	✓	✓		✓	✓			
• able to respond to future local and national service changes				✓	✓			

	Beneficiaries				Benefits			
	Patients	Staff	Visitors	NHSL	Economic	Financial	Measurable	Qualitative
Main Benefits Criteria								
Efficiency								
• supports the delivery of services through access to required resources				✓			✓	
• provides for the delivery of appropriate quality standards	✓	✓	✓	✓			✓	
• there is certainty in securing and preparing a site within a timeframe that allows anticipated delivery as agreed by NHS Lothian Board				✓			✓	
• represents a project that is affordable				✓	✓			
• demonstrates value for money				✓	✓			
Research								
• service arrangements that facilitate engagement with research opportunities				✓			✓	
• provides comprehensive facilities for student and staff training and development in the field of mental health, including access to training facilities and teaching staff, in keeping with the role of a major regional teaching hospital				✓			✓	
• provides appropriate research facilities				✓			✓	
• promotes formal partnership arrangements				✓			✓	
Maintained Service								
• maintains continued service delivery and quality during project	✓	✓					✓	
• minimises disruption to services users, staff and others on site	✓	✓	✓				✓	

IA STAGE RISKS AND COUNTER MEASURES

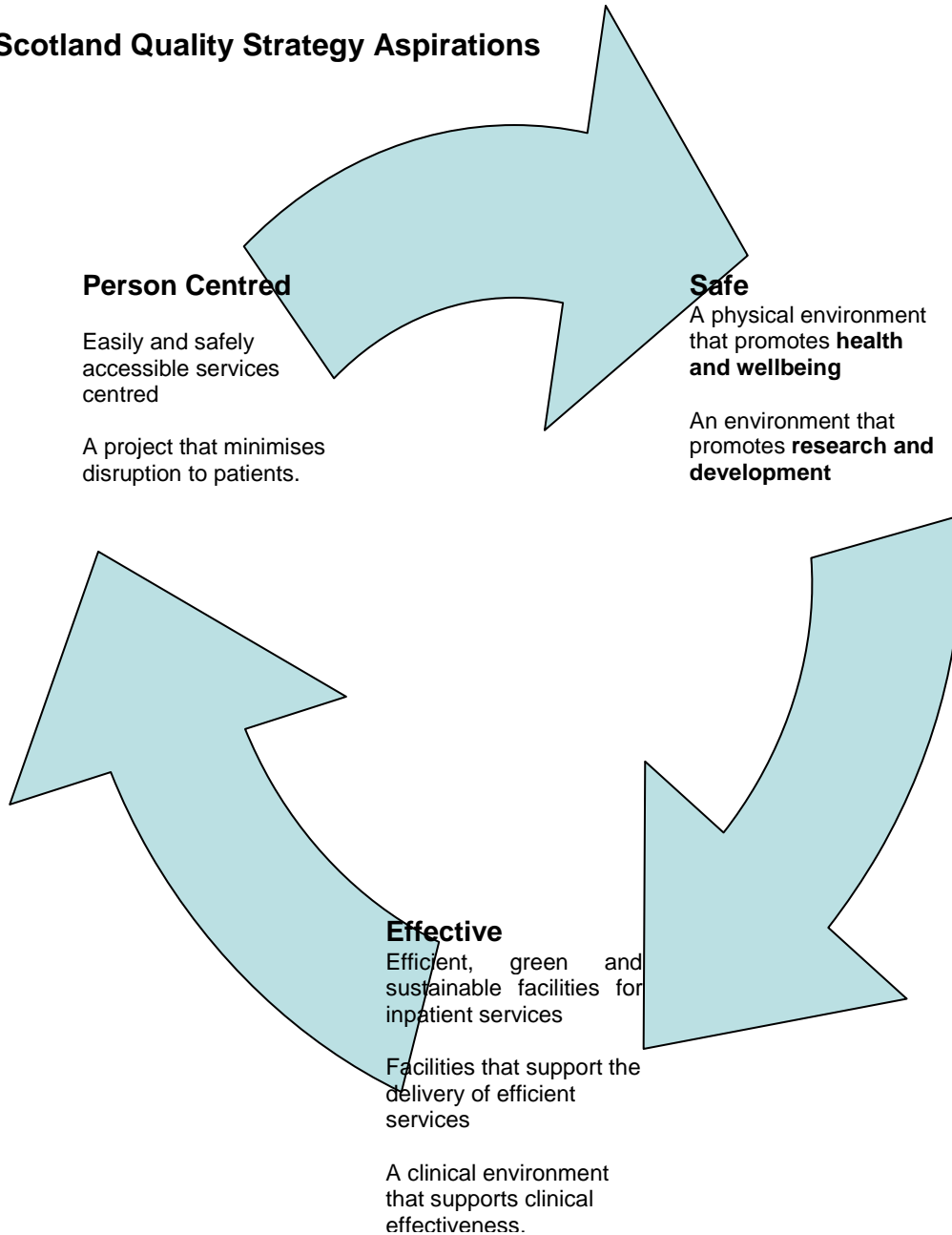
Risk Category: 1. Patient Experience 2. Objectives/Programme Risk 3. Injury (Physical & Psychological) to patient/visitor/staff 4. Complaints/Claims 5. Service (Business) Interruption 6. Staffing and Competence 7. Financial (including damage/loss/fraud) 8. Inspection/Audit 9. Adverse Publicity/Reputation				Impact (if risk occurs): 1 = Negligible, 2 = Minor, 3 = Moderate, 4 = Major (Cost/loss is >£100k but <£1m), 5 = Extreme (Cost/loss >£1m)			Likelihood (of risk occurring): 1 = Rare, 2 = Unlikely, 3 = Possible, 4 = Likely, 5 = Almost certain				
Item No	Risk Category	Date Added or Last Updated	Risk Description	Initial Risk Rating	Target Risk Rating	Current Impact	Current Likelihood	Current Risk Level		Current Controls in place to Manage Risk	Proposed Actions to be carried out to further Control the Risk
2	2	25-May-11	If Models of Care are not agreed then the design brief is unlikely to be accurate resulting in later changes that will cause delays and cost overruns etc.	HIGH	LOW	4	3	12	HIGH	The Clinical Leads have responsibility for ensuring development and delivery of Models of Care and ensuring sign off at Mental Health and Wellbeing Strategic Programme Board.	Project Director to review progress prior to development of the design brief.
3	2	25-May-11	If modelling/assumptions regarding future service demand prove to be incorrect this will result in incorrect specification leading to an under/over-provision of facilities.	MEDIUM	LOW	4	2	8	MEDIUM	The Project Manager is reviewing bedmodelling to ensure that it is robust and accurately sets future demand and bed requirements.	Undertake periodic reviews as the brief is developed.
4	2	25-May-11	If community-based facilities are not provided for excluded clinical services (refer to revised Scope of Programme) the cost of this programme will increase (as the scope of the new-build part of the scheme will increase).	VERY HIGH	LOW	5	4	20	VERY HIGH	The requirements being discussed with the CHP General Manager.	Commitment needs to be given by the CHP that clinical services will transfer to the community at the appropriate time.
5	2	05-Aug-10	If off-site "Single System" solutions are not provided for excluded support services then the cost of this programme will increase (as the scope of the new-build part of the programme will increase).	HIGH	LOW	3	4	12	HIGH	Single System solutions are being sought; these will require formal sign off at senior level within NHS Lothian	Undertake periodic reviews as the business case is developed to ensure that alternative accommodation will be provided.
6	2	28-Sep-09	Decisions are pending in relation to whether some clinical services are included in the programme (refer to revised Scope of Programme); if there are delays this may affect the scope of the programme which could exacerbate affordability issues.	MEDIUM	LOW	3	3	9	MEDIUM	The need to make decisions in relation to these services has been identified in both the Project Mandate and the IA.	The decisions should be made before the development of the design brief.
7	3	28-Sep-09	If Health and Safety issues are not fully addressed then patients, staff, visitors, and contractors will be at risk of injury.	HIGH	LOW	5	3	15	HIGH	Plan for early appointment of a Construction Design and Management (CDM) Co-ordinator.	Ensure CDM Co-ordinator works closely with all parties throughout the design, construction, and commissioning of the new facilities.
8	3	28-Sep-09	If the major circulation routes within the redeveloped campus are shared by pedestrians, cyclists, cars and delivery vehicles then this will seriously compromise road safety.	HIGH	LOW	5	3	15	HIGH	The Business Needs section of the IA states that the campus's new masterplan should allow for separation of pedestrian and vehicle routes.	The Design Team will be given clear direction to satisfy this business need.
9	7	25-May-11	If alternative revenue-based funding strategies are not agreed this result in significant programme over-run.	HIGH	LOW	5	1	5	MEDIUM	IA proposes that a revenue funded scheme is developed	Develop revenue funded scheme at OBC.
10	7	08-Jul-11	If revenue funding cannot be found from within the current budget then the programme is not affordable.	MEDIUM	LOW	5	1	5	MEDIUM	IA states that a revenue funded scheme is affordable for the first phase.	Position will be monitored as OBC developed.

11	7	08-Jul-11	Utility infrastructure (gas and electricity) for REH are at capacity. If major upgrade of services is required then this could add significant costs to the first phase of the redevelopment.	HIGH	LOW	4	2	8	MEDIUM	Infrastructure upgrade has been costed as part of first and second phases	The Design Team, early in the design process, will identify means of either reducing load or increasing capacity.
12	7	08-Jul-11	Revised bed numbers (down to around 400) are now substantially lower than the maximum number (540) proposed in the masterplan review. If the masterplan is not reviewed then: - the site utilisation will be inefficient and M&E infrastructure may be disproportionately high; - replacing the planned 3-storey pavilions with 2-storey buildings would leave little space to transfer other services to the site in the future	MEDIUM	LOW	3	3	9	MEDIUM	An M&E infrastructure review has proposed a decentralised heating system; this resolves the M&E risk. There are proposals to increase site utilisation.	hubco has reviewed masterplan and capital costs.
13	7&9	08-Jul-11	A community garden initiative has been created on the western end of the REH site which covers areas that will be developed. If the community gardeners' activities are not managed effectively then there is a risk that redevelopment will encounter planning difficulties that will result in delays and increased costs.	HIGH	LOW	4	3	12	HIGH	A short term lease is being drawn up.	Submission of planning application for the first phase will establish development position.

QUALITY ASPIRATIONS OF THE REDEVELOPMENT OF THE ROYAL EDINBURGH HOSPITAL CAMPUS

The diagram and table below demonstrates the strategic quality approach taken by the programme in ensuring that all aspects of the case for change focus on the three Quality Aspirations of the NHSScotland Quality Strategy; person centred, safe and effective. This not only applies to the case for change for the overall redevelopment of the site but also on a service re-provision level has been applied to the first phase of the programme. This approach of will be applied at OBC and FBC and throughout the future phases of the programme. The aim of this is to ensure quality is the central focus of the programme and its aims.

NHSScotland Quality Strategy Aspirations



Alignment of Investment Objectives with the NHS Scotland Quality Strategy Three Quality Ambitions

Person-Centred	Safe	Effective
There will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.	There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.	The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

NHS Lothian Broad Investment Objectives

To implement service models which support the services' strategic objectives by optimising the quality of safe inpatient care delivered in Edinburgh and the Lothians	To provide a physical environment that complies with modern standards of healthcare and that promotes the safety, dignity, and privacy of all patients in purpose-built facilities that significantly improve the patient experience	To provide a better therapeutic environment allowing the delivery of more appropriate care that benefits patients and provides staff with improved working conditions
To ensure that care is structured around the needs of patients and delivered through an integrated (inpatient and community) pathway as agreed within the NHS Lothian Strategic Programmes		To rationalise the existing estate and reduce costs with more efficient and sustainable facilities and infrastructure.

Specific Investment Objectives

(Investment objective 7) A project that minimises disruption to patients.	(Investment objective 6) An environment that promotes research and development	(Investment objective 5) Facilities that support the delivery of efficient services
(Investment objective 3) Easily and safely accessible services	(Investment objective 2) A physical environment that promotes health and wellbeing	(Investment objective 1) A clinical environment that supports clinical effectiveness
		(Investment objective 4) Efficient, green and sustainable facilities for inpatient services

How the Investment Objectives will be achieved (Detailed Investment Objectives)

The site location(s) enables patients to easily access services by foot, cycle or by public transport with easy drop-off and pick-up zones	Improves the morale of patients, staff and visitors	Services meeting national and NHS Lothian stretched targets
The site provides real time public transport information within a dedicated space	Provides a therapeutic environment	Services meet legislative requirements
Adequate car parking provision is provided for front line staff, essential car users and visitors to the site.	Assists in the reduction of staff sickness/absence rates	Allows expansion of the range of therapies delivered and therapeutic activities that take place in ward and other environments
Pedestrians should not have to cross vehicle access routes	Provides adequate access to outside space	Provides good departmental relationships between services allowing integrated and efficient
	Supports safety, privacy and dignity e.g. provision of single bedrooms with en-suites.	

Site layout is designed to ensure safe and adequate cycle access	Support NHS Lothian's strategic objective, of becoming a learning organisation, by supporting Knowledge Exchange Systems.	working practises
Minimise disruption, decanting or phasing during construction where it adversely affects patients	Easy access to training and teaching facilities and teaching staff	Allows for co-location of services with shared clinical governance aspirations
Optimal timescale to completion of build	Well-developed training, development and supervision programmes	Projected savings in revenue costs across each of the identified utilities over the life of the programme
Improved availability of clinical and therapeutic facilities	Formal partnership arrangements	Programme achieves a Building Research Establishment's Environmental Assessment Method (BREEAM) rating of 'Excellent' for new build or 'Very Good' if a refurbishment option becomes the preferred option.
Improved delivery of clinical services	Research and development strategy and support arrangements	Ability to provide and maintain medical and other professional staff rotas 24/7 (medical cover at all times).
Regular monitoring of facilities, services and availability	Provision of appropriate facilities for the post-graduate teaching and educational supervision of all professional groups, including doctors in training, to include computer and appropriate library access.	Ability to create a sustainable environment with due regard to green space, energy efficiency, scale, density, transport and working environment.
		Sufficient economies to provide adequate staffing levels at chosen option to ensure service delivery.
		Provides an environment that facilitates the delivery of quality standards
		Represents a project that is affordable
		Demonstrates value for money

How the Investment Objectives will be measured

No more than ½ km from the nearest bus stop	Survey to identify changes in morale	Evidence of performance against relevant HEAT targets and NHS Lothian stretched targets over time
Dedicated set down and pick-up points within the site clearly identifiable in the site layout plans	Evidence reduced sickness/absence levels	Evidence of a robust case for co-location detailing clinical synergies between services
Availability of real time travel information available and operational	Evidence that at least 80% by floor area of occupied patient areas and consulting rooms have an average daylight factor of 3% or more and/or adequate view out.	Evidence of the use of protocolised care and treatment models
Car parking arrangements meet the requirements of Scottish Planning Note	Evidence that the provision of an adequate outdoor amenity space accessible for use by the building's occupants.	Evidence of improved treatment outcomes demonstrated by the routine use of validated assessment tools
Review of site layout drawings indicate clear separation of pedestrian and vehicular traffic and adequate cycle access	Evidence of recruitment of highly qualified and published staff	

Identifiable decant space and clear decant plan in the event of decant being necessary.	Evidence of reduced staff attrition rates	Evidence of compliance with national quality measures
Programme Communication Plan clearly details decant or transfer plans with timescales and involvement detailed	Evidence of an increase in publication and research by staff and patients	Evidence that the energy efficiency of the buildings' fabric, internal and external, and services has been optimised.
Evidence of a clear agreed project plan which reflects realistically the tasks required to deliver the programme in accordance with revised Scottish Government guidance provided by the Scottish Capital Investment Manual	Evidence of robust formal partnership structure arrangements with higher education institute partners	Evidence that protection is given to vulnerable parts of the campus such as areas exposed to high pedestrian, vehicular or trolley movements.
Evidence of performance improvement in meeting the HEAT target for readmissions.	Evidence of approval from educational authorities regarding quality of training and facilities, including GMC for postgraduate medical education and the University partners.	The development achieves the BREEAM credit for storage of recyclable waste.
Evidence of ICP's being routinely used and process for service adjustments following review of pathway variances being implemented		Evidence of purposeful therapeutic space that allows for evidence-based practice
Evidence of the provision, availability and access to appropriate therapy spaces that support the delivery of care and therapies that meet national standards and clinical guidelines		Evidence of a project plan which reflects timescales consistent with those agreed by NHS Lothian Board
		Evidence of underpinning financial affordability information
		Evidence of detailed financial analysis and appraisals of the shortlisted options demonstrating which option provides best value for money

Detailed Business Needs

Patients, visitors and staff need sustainable travel options to get to the Royal Edinburgh Hospital campus and encouragement to use them.	The re-provision and site development needs to begin a process of 'supportive design' to eliminate the environmental characteristics which are known to contribute to stress or that have negative impacts on outcomes	Single room accommodation with en-suite facilities is required for all patients.
The final site masterplan for the new hospital needs to:		Ward accommodation needs to be designed that permits unobtrusive observation.
<ul style="list-style-type: none"> - provide appropriate levels of parking for those staff and visitors that need to travel by private vehicle - allow separation of pedestrian and vehicle routes thus encouraging cycling and walking - minimise the need for delivery vehicle traffic across the site 	The process will emphasise the inclusion of characteristics in the healthcare environment which research has indicated have the ability to calm patients, reduce stress and strengthen their ability to cope and promote healthy, healing, recovery processes.	Single bedroom accommodation is needed where appropriate support can be provided with relative privacy and dignity in terms of the individual and without the associated discomfort to other service users.
Optimising the use of energy, water, and waste management will be best achieved (and most cost effectively) in buildings that have been designed	Appropriate space for teaching and providing therapies is required in the new campus arrangements.	Appropriate therapy space is required to deliver necessary care.

with these objectives in mind.

Design Statement

'It should also encourage the local community to use appropriate parts of the site to aid integration and lower stigma'

'The layout should encourage interaction between patients and staff such that it feels like 'help is always at hand'.'

'The site as a whole must be a place that encourages friends and family to visit and where contact with the life outside is supported.'

'Any belonging that must be deposited on arrival (or moving within the facility) must be secure to minimise the sense of loss/loss of control.'

'Design of bedrooms should foster a sense of control and a sense of peace.'

'The ward should not feel unduly clinical'

'Inclusive design, from both a physical disability and dementia-friendly perspective where appropriate'

'The design of the ward must support the staff in maintaining patient safety and dignity.'

'With the patient group in mind, the building finishes, fixtures and fittings should be robust, easily cleaned and readily maintained over a long life span of use.'

'There must be a discreet way of entering the building for those entering involuntarily, both to preserve their dignity and to reduce disruption to other patients'



'Staff working spaces should be, primarily, in patient areas, with limited use of private offices and 'staff only' areas.'

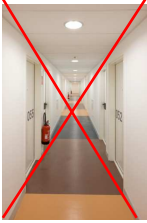

'The buildings should accommodate the different needs of a changing patient population particularly in relation to gender separation and physical needs of disabled people.'

1. NON-NEGOTIABLES FOR PATIENTS

The facility must provide an environment that promotes and supports wellbeing, increases integration and reduces stigma. The success of the project is therefore predicated on the following:

Agreed Non-negotiable Objectives	Benchmark The criteria to meet with some views of what success might look like
<p>Accessibility There must be clear and easy links to public transport. The experience of entering the site and approaching the buildings must be equally pleasant for all, whether they are approaching by car, on foot or by public transport.</p>	<p>Bus services within ½ km of site boundary, potentially bringing buses on site if funding is available, or using shuttle services if felt necessary. Car parking spaces, other than for those with disability needs, should not take precedence over pedestrian access. Pedestrian routes should not cross parking areas.</p>
<p>Integration The facility should feel part of the community and, through its location and design, enable easy access to local community facilities. It should also encourage the local community to use appropriate parts of the site to aid integration and lower stigma.</p>	<p>Local community facilities should be within ½ km of site boundary. Parkland areas (not patient garden space) should be readily accessible to the public.</p>
<p>Initial impression and ethos The site should be a welcoming and therapeutic place - a green and serene place with natural landscape. The facility should not be one large institutional building; it should be broken down into smaller scale elements that relate to each other much like a residential campus. There should be outdoor places of sanctuary.</p>	 <p>(From top left) Whitecross Competition entry – credit: Elder and Cannon Architects, Plein Street Centre for Health Glasgow, Springfield Village Redevelopment, Whitecross Competition entry – credit: Elder and Cannon Architects Norwich Center for Intensive Treatment, Norwich, New York Credit: Architecture Plus. These pictures show ways in which the natural environment can be incorporated into the approach to the buildings</p>
<p>Wayfinding Wayfinding around the site, particularly for first time patients, must be</p>	<ul style="list-style-type: none"> •The form of buildings and landscape features should be a key part of the wayfinding

<p>easy and largely intuitive supporting the impression of a welcoming and therapeutic place</p>	<p>strategy.</p> <ul style="list-style-type: none"> • Intrusive or institutional style signage should be minimised. • Whilst a standard 'main reception' may not be needed, there must be a sense, derived from building style or features, of where help could be found if needed. • The hierarchy and design of spaces and routes must clearly indicate the progressive privacy of external spaces (those that are more public and lively gradually 'stepping' away into those which are more private and a sanctuary).
<p>Arrival New buildings must not be intimidating in appearance. They should, in scale, be more like a small hotel or multi-dwelling residential block. The facility should look open, competent and professional without being overly harsh – feeling rather soft, 'green' and of an enduring quality.</p>	 <p>Top - North Croydon Medical Centre, Kentish Town Health Centre,</p>
<p>Entry The entrance to each building must be easily identifiable, feel safe, and be welcoming. There must be a discreet way of entering the building for those entering involuntarily, both to preserve their dignity and to reduce disruption to other patients.</p>	 <p>The entrance should provide clear and easy access to all wards within the building. To ensure that it feels safe and welcoming it should, if possible, be overlooked by occupied areas. It should feel like a shared space in joint ownership by wards.</p> <p>Kentish Town Health Centre</p>
<p>Ward layout The wards must be welcoming and friendly. The layout should encourage interaction between patients and staff such that it feels like 'help is always at hand'.</p> <p>The wards must offer attractive and therapeutic environments and encourage free, easy use and movement. The design and layout of these spaces must ensure that all parties feel safe and that the activities in one area do not negatively impact on those in another.</p>	<ul style="list-style-type: none"> • Staff working spaces should be, primarily, in patient areas, with limited use of private offices and "staff only" areas. • On entering the ward there should be an immediate welcome. • The spaces and routes within the ward should not feel unduly clinical, with soft furnishings, colour, art and natural light being used to enhance the therapeutic environment. • Although private areas (such as bedrooms) need to be a step away from public circulation, they must not feel distant from help. They should be relatively close to a social, shared area where staff and patients mix.

	<ul style="list-style-type: none"> • There should be good sound attenuation between rooms • There should be no spaces where one might feel 'cornered'.  <p>Endless corridors with closed doors are not wanted. Patients need to be able to find staff easily.</p>
<p>The site as a whole must be a place that encourages friends and family to visit and where contact with the life outside is supported.</p>	<p>Spaces within the ward must support comfortable interaction and conversations with visitors.</p> <p>There must be places to go to get away from the ward, to get refreshments, to enjoy the outdoors, and for patients to play with their children.</p>
<p>Any belongings that must be deposited on arrival (or moving within the facility) must be secure to minimise the sense of loss/loss of control.</p>	<p>A secure store for personal belongings must be provided.</p>
<p>Patient Environment: As the ward is at the heart of the patient's experience the following key spaces of daily life are described and benchmarked below.</p>	
<p>Communal areas Where appropriate, there must be a choice of environment and activity. Key considerations in the design of these areas are:</p> <ul style="list-style-type: none"> • A non-clinical atmosphere • Good use of views, natural light and ventilation, and the opportunity to enjoy sunlight without the need to venture outside. • Inclusive design – from both a physical disability and dementia-friendly perspective where appropriate <p>Relationship to external spaces – it should be possible to enjoy the external environment from the communal areas.</p>	 <p>Above: Maggie's Cancer Caring Centre, London, Oops! Hostel, Paris, Unite Student Group</p> <p>The pictures illustrate informal spaces that could accommodate small groups or allow an individual to sit quietly. Communal space should have views of the external spaces. The last picture shows that open-plan areas may satisfy these requirements.</p>

Bedrooms

Single bedrooms with en-suite facilities should be provided that support a patient's privacy and dignity.

Design of the bedrooms should foster:

- A sense of control: people should not be able enter or look into the room (from the ward or from outside) without either need or invitation; the ability to safely hold and display personal possessions.
- A sense of peace: good use of colour, furnishings, daylight and views to green landscape provide an attractive, non-clinical feel; good noise attenuation.



Left and Centre: Unite Student Group, London

The pictures show that the bedrooms should have natural light, colour, soft finishes and homely features.

Flexibility in use

The buildings should accommodate the different needs of a changing patient population particularly in relation to gender separation and the physical needs of disabled people. To allow individual wards to change function more readily the design of individual spaces should maximise commonality making alterations to elements more economically achieved.

Flexible ward accommodation to be provided that meets the base needs of a broad range of patient groups likely to be accommodated on the site.

The design should allow rooms to be tailored to the specific needs of particular patients without major changes to the fabric of the building e.g. the use of swing beds.

External spaces

A range of 'private' external garden spaces throughout the site must be provided that support the particular needs of different user groups. Community gardens and other more public green space should support the "green therapy" agenda.



(from top left) Glasgow Homoeopathic Hospital; Kentish Town Health Centre; The Bamburgh Clinic; Firrhill Respice Centre.

2. NON-NEGOTIABLES FOR STAFF

The design of the facility must support changing working practices and the needs of staff.

Agreed Non-negotiable Objectives	Benchmark The criteria to meet with some views of what success might look like
For staff that require to bring their cars to the site, the routes to and from parking must feel safe over an extended working day.	
Suitable working environment The primary working environment for clinical staff will be the patient areas	See above for criteria and benchmarks in relation to ward layout and key spaces.
Patient safety and dignity The design of the ward must support the staff in maintaining patient safety and dignity.	The facilities will incorporate anti-ligature design (where appropriate), unobtrusive observation, and inclusive design characteristics - considering both physical impairments and dementia perspectives.
Staff's needs <ul style="list-style-type: none"> • Staff must be given a space to have a break outside of their ward. • Staff changing areas must be provided within the hospital site. 	Provision of staff specific facilities within the site.
Staff development There must be facilities for learning and staff development away from the ward.	Provision of learning facilities for staff within the site.
Maintenance of M&E systems must be possible with limited disruption to patient areas.	In the first instance, components should be designed to require minimal maintenance. The design team must then demonstrate that ready access (via hatches, removable panels etc.) is possible to those M&E components most likely to need maintenance. This is particularly important where maintenance might disrupt the activities of patients and staff. Maintenance schedules will be developed as part of the OBC process; these will establish the benchmark against which any disruption caused by maintenance will be measured.
Robustness With the patient group in mind, the building finishes, fixtures and fittings should be robust, easily cleaned and readily maintained over a long life span of use. It is, however, important that this need for robustness is not pursued at the cost of providing an environment that is humane and therapeutic.	<p>Fixtures and fittings should be robust and designed to withstand heavy use. Designers should refer to the advice set out in Scottish Health Planning Note 35. Building design must respond to the requirements of HAI scribe.</p> <p>Early in the OBC phase images will be selected that set the benchmark in relation to the look of key areas (day areas, bedrooms, en-suites etc) that need to be both robust and therapeutic.</p>

3. NON-NEGOTIABLES FOR VISITORS

Agreed Non-negotiable Objectives	Benchmark The criteria to meet with some views of what success might look like
<p>The parking strategy must consider the needs of visitors coming to the site after an emergency admission. For planned visits, car drivers should not be given priority over those arriving by other means.</p>	
<p>Welcome and security When entering the ward, the visitor should be welcomed by a staff member. Visitors must be able to converse freely without feeling disturbed or unsafe.</p>	
<p>Waiting There must be a place for visitors to wait whilst patients may be at the facility for treatment or assessment; this space must be calming and accessible.</p>	<div data-bbox="981 528 1720 794" data-label="Image"> </div> <p data-bbox="972 794 1541 823">Left to right: Unite Student Group, Accor Hotels.</p> <p data-bbox="972 855 1592 884">A café or sitting area should be provided on the site.</p>
<p>Wider community use Integration may be encouraged by broader use of facilities by people from the local community though the design and layout of these spaces must encourage appropriate behaviour and not adversely affect the seclusion of private patient areas.</p>	<p>Allow open access to facilities that can be shared by the hospital with the community.</p>

4. ALIGNMENT OF INVESTMENT WITH POLICY

Agreed Non-negotiable Objectives	Benchmark The criteria to met, or some views of what success might look like
<p>Future flexibility and expansion At a site wide level, the design must consider the long term strategies for expansion and contraction whilst protecting the non-negotiables given above.</p> <p>The design of the buildings should consider a strategy for expansion.</p>	<p>The site has substantial additional capacity (several hundred additional beds could be added should greater use of the site be desired). Bedrooms to be designed to current NHS standards. Therapy spaces to be designed for multiple uses.</p> <p>Allow for 10% expansion of ward accommodation within the site envelope.</p>
<p>Sustainability The Scottish Government has set sustainability obligations for all new schemes in the NHS.</p>	<p>The new buildings must achieve a BREEAM excellent rating. NHS Lothian will encourage design solutions that reduce carbon generation, such as the use of narrow plan pavilions to maximise the use of natural light and passive ventilation, rather simply applying Low/Zero Carbon Technologies to improve sustainability and reduce revenue costs.</p>

The above objectives and benchmarks have been developed and agreed through the participation of the following stakeholders to the project: *Lorna Martin, Chief Nurse, Peter Leferve, Clinical Director, Howard Royston, Head of Patient Environment & Monitoring, Tim Montgomery, Director of Operations and Project Director, Dick Fitzpatrick, Project Manager, Steve Shon, Capital Planning Manager, Alex Waterfield, Project Administrator, Nikki Moran, CAPS Advocacy, East Lothian Development Worker, Kate Cullen, Alison Robertson and Albert Nicholson, REH Patients' Council, Management Committee.*

5. SELF ASSESSMENT PROCESS

This Design Statement (DS) will be used as a design control document both during the development of the scheme design and in the post project evaluation stage. The DS will be used in conjunction with the project's investment objectives, benefit criteria, and critical success factors etc. to ensure that development is focussed on delivering a successful outcome that uses good design to help meet the needs of all stakeholders.

The DS is fully in accord with NHS Lothian's Design Action Plan. As the DS sets out NHS Lothian's objectives for the redevelopment of mental health services on the REH site it will be used as a benchmark to ensure that the project delivers those objectives. The benchmarks are not prescriptive, requiring a pre-determined design outcome, but provide the parameters for what success might look like. The third part of the DS is a plan of action for how the objectives and benchmarks will inform key decisions throughout the project including the development and consideration of the business case, and the eventual evaluation of the project's success.

The Design Statement is the first design control document produced for the project and will also it will be used as:

- **a briefing tool:** to describe the design intention, or design vision subsequently being developed into the design brief, supplemented by more detailed briefing materials such as schedules of accommodation, key adjacencies and room data sheets as and when prepared
- **a communication tool:** to communicate the direction of the project to stakeholders and allow some early view of the benefits to assist both in building momentum, obtaining buy-in and in allaying the concerns that often accompany the commissioning of a new facility
- **a promotional tool:** to stimulate interest in the market in the project; and to motivate the market to bring its best and most appropriate skills to the table.

In addition, this project will use the Achieving Excellence Design Evaluation Tool (AEDET) along with the Design Statement to assess design quality throughout the procurement process. The design quality objectives for the redevelopment will be informed by the **Agreed Non-negotiable Objectives** set out in this document and these will be referred to whenever AEDET reviews take place.

Note: the choice of procurement route has a fundamental influence on how different design stages proceed; the self assessment process outlined in the table that follows is one approach that may be adopted however the process may be revised once the procurement route is determined.

Decision Point	Authority	Additional Perspectives	How the criteria will be evaluated	Information needed for evaluation
Completion of clinical brief	Project management board	<p>Procurement route will determine the nature of the brief. User group workshops will contribute to the brief. Clinical service teams should be able to complete the brief but they may draw upon healthcare planners if necessary.</p> <p>As NHS Lothian's Board Design Champion is also the project owner the project team will draw on NHS Lothian's second Design Champion to provide an additional, independent perspective during the design assessment process.</p>	<p>An initial AEDET assessment was conducted on existing facilities to articulate shortcomings and identify the key design objectives and particular issues that require to be addressed in the new development; this process informed the development of the DS. A further AEDET assessment workshop will be held with the project's stakeholders on completion of the clinical brief to ensure that key design objectives are embedded and addressed as the project develops. This process will be repeated at key development points to ensure that design quality is maintained throughout the procurement process.</p> <p>Additionally, the Senior User will use the DS criteria in the assessment of the clinical brief to ensure that the needs of all stakeholders are met.</p>	Models of care, operational policies, critical adjacencies, agreed bed numbers etc
Selection of design team	Project management board	Procurement route will determine the nature of additional skills that may need to be brought to the team. It is likely that the project team will be supplemented by cost and technical advisers.	The design team will need to demonstrate both that they have <i>relevant</i> skills and experience and that they have a clear understanding of both the DS and the wider design brief during the selection process. Members of the selection panel will require to see examples of the design team's previous work that is similar in scale and feel to this project. The design team will be invited to develop an initial response to the DS and this will be evaluated on the basis of quality (e.g. how well their response demonstrates appropriate design skills and partnership working)	Submission plus interview.

Approval of design concept – outline proposals	Project management board	User group workshops lead by Service Leads will assist the partnering team members develop the design ensuring that it is feasible functionally, technically, and financially. Technical advisers will help to manage this process. The concept will be referred to NDAP for comments prior to approval.	Design concepts will be tested against the DS in a stakeholder AEDET workshop. The Senior User must also be satisfied that the design meets the design brief prior to signing it off.	RIBA stage C, output specification
Approval of design for planning submission	Project management board	Completion of the brief with decisions made on the planning arrangement, appearance, construction method, outline specification and cost of the project.	Again, the design will be tested against the DS in a stakeholder AEDET workshop. Senior User sign off followed by project management board sign off.	RIBA stage D documentation or equivalent.
Approval of detailed design and final proposals for construction	Project management board	Final decisions taken on every matter related to design, specification (with intensive Service Lead involvement), construction, and cost (with particular involvement of technical and cost advisers).	Project management board sign off.	RIBA stage F documentation or equivalent.
Post project evaluation	NHS Lothian Board. Lessons learned will be shared with SGHD	PPE report completed incorporated formal staff feedback.	Again, following the AEDET process, the completed facility will be reviewed against the benefits realisation plan, the original critical success factors, investment objectives, and the Design Statement to determine how effectively it meets the objectives set for it.	Feedback from the facility's users. Output from contract in relation to programme, quality, and cost.

SWOT ANALYSIS

Scoping and Service Solution Options					
Option	Strengths	Weaknesses	Opportunities	Threats	Shortlisted?
Do minimum	Required under SCIM	Required under SCIM	Provides for the minimum needs of patients	May not fully meet the aims as well as the needs of re-provided services	yes
Deliver all psychiatric services in the community	Care could be provided closer to patient's home	Not in line with investment objectives, critical success factors and local and national policy	Opportunity to work with other organisations	There is a clear need to have inpatient facilities, including Intensive Psychiatric Care, to meet the case needs of the population served in a way that is both safe and therapeutic	no
Refurbish, adapt and reconfigure existing buildings to provide fit-for-purpose accommodation to meet current clinical needs	Can be achieved through a phased schedule Retains Morningside community Within the current catchment area of REH services	Masterplan and feasibility study has shown not all buildings lend themselves to being adapted.	Opportunity to adapt buildings for other uses	Masterplan and feasibility study has confirmed that not all buildings on site lend themselves to being adapted and doing so would be an inefficient use of space and be harder to staff.	no
New build on the REH campus	Can be achieved through a phased schedule Retains Morningside community Within the current catchment area of REH services	Masterplan and feasibility study has shown it is possible to adapt existing buildings for admin/support services.	Consideration will need to be given to whether this will be all or part built on the site of current buildings at OBC Stage.	There is a need to consider the future of buildings on site that the masterplan and feasibility study showed could be used for admin/support services.	yes

Part new build, part refurbishment on the REH campus	Can be achieved through a phased schedule Retains Morningside community Within the current catchment area of REH services	Masterplan and feasibility study has shown that not all buildings on site lend themselves to being adapted.	Existing buildings may be suitable for admin/support services however this may not be the most efficient option for admin/support services. Able to meet the investment objectives	Masterplan and feasibility study has shown that not all buildings on site lend themselves to being adapted and doing so would be an inefficient use of space and be harder to staff.	yes
New Build on a non-NHS site.	Could purchase land in a location best for patient's travelling to hospital based on their home locations.	No capital is available to purchase land and there is surplus land within NHS Lothian estate. This is also contrary to NHS Lothian policy to improve efficiency by reducing the overall number of its hospital sites	Opportunity to work with other organisations such as the council on the co-location of health and social care functions.	Economic climate, property and land values markets Property acquisition could cause delays	no
Re-provide services on an existing NHS Lothian site in new build accommodation – St Johns	Already mental health services onsite	It is outwith the catchment area of the majority of the services to be re-provided. The site size is also too small to accommodate either a single or multi phased development and have acceptable access to secure outdoor space.	Opportunity to create Lothian-wide mental health hub Economies of scale	Services would need to be re-provided in a single phase Service provided would be limited by available space	no
Re-provide services on an existing NHS Lothian site in new build accommodation – Western General Hospital (WGH)	Within the current catchment area of REH services.	Previously identified land on this site is no longer available. Lack of outdoor secure therapeutic space.	Economies of scale	Option Withdrawn – WGH masterplan takes account of full site for the use/ re-provision of services currently there.	no
Re-provide services on an existing NHS Lothian site in new build accommodation – Myreside at REH	Within the current catchment area of REH services. Retains Morningside community	The buildings that could be used would become vacant. This may not be the best use of a public asset.	Options available to health board for existing buildings on REH site	Option Withdrawn – Finance and Performance Review Committee decision to retain the whole site	no

	Available land				
Re-provide services on an existing NHS Lothian site in new build accommodation – Astley Ainslie Hospital	Within the current catchment area of REH services.	The site does not have sufficient available developable space to accommodate both hospitals.	Services on site are in less than fit for purpose accommodation also and some services have clinical synergies with services on REH site		no
Re-provide services on an existing NHS Lothian site in new build accommodation – Liberton Hospital	Within the current catchment area of REH services.	Site is too small to accommodate services to be re-provided.	Some clinical synergies with existing REH services.		no
Re-provide services on an existing NHS Lothian site in new build accommodation – Royal Victoria Hospital	Within the current catchment area of REH services. Site available from 2013.	Not sufficient developable space following the decision to dispose or part dispose of the currently available land on that site.	Some clinical synergies with existing REH services.	Option Withdrawn on the basis of the recent disposal decision.	no
Re-provide services on an existing NHS Lothian site in new build accommodation – Little France	Within the current catchment area of REH services. Many patients come to REH services through A&E Clinical synergies with a number of services on that site.	Land previously considered for the re-provision is no longer available.	Opportunity to link in with general hospital services and create health hub. Economies of scale		no

Implementation Options

Option	Strengths	Weaknesses	Opportunities	Threats	Shortlisted?
Phased building schedule	Can be implemented and phases could be scaled up or down when funds are available Can use the experience of each phase to inform the next	All services would not be re-provided at the same time.	Would allow flexibility in the scope to include other hospital site's services.	Timescale - could take a number of years for the programme to complete all the phases Repetition of tasks at each phase.	yes
Single Build to Completion	All services re-provided at the same time.	Funding is not currently in place for this to happen. Higher initial costs.	Opportunity to design across services. Can be single building.	Economic climate. Availability of funding options.	no

Funding Options

Option	Strengths	Weaknesses	Opportunities	Threats	Shortlisted?
Hub model	Not capital dependent More affordable option	Revenue driven	Economies of scale Opportunity to work with other partners Could commit future phases to hub programme	New in Scotland	yes
Non Profit Distribution (NPD)	More affordable option Not capital dependent	Revenue driven	Design buildings without commitment of public funding.	Unclear at present whether this programme in its entirety suits the NPD model	yes

ICIC PROGRAMME MANAGEMENT ARRANGEMENTS

NHS Lothian has a robust process for development and review of strategic service direction, under the leadership of the Director of Finance, which is focused through ICIC. This group is made up of NHS Lothian's Executive Directors and senior operational and functional managers and is responsible for overseeing the development of strategy, taking into account the opportunities of community planning through local joint planning groups involving CHPs/ CHCP and the four Lothian local authorities. The requirement for regional planning through SEAT and its specialist regional planning groups is also addressed via this forum. The Planning Group reports to the Service Redesign Committee, one of the statutory committees of NHS Lothian, which is responsible for providing strategic direction for service modernisation.

The ICIC Strategic Change Board which oversees the implementation of the ICIC Programme, also reports to the Service Redesign Committee, and has membership from key stakeholders including staff partnership and patient/public representatives.

In recognition of the scale of the change programme encompassed by the ICIC programme formal programme and project management arrangements are in place. NHS Lothian's Director of Finance provides Board level leadership as the overall Programme Sponsor. The ICIC Programme Director / Associate Director of Modernisation maintains high level oversight of all projects and ensures that the critical path to implementation is maintained, through close liaison with all project sponsors and managers. Project Sponsors, Directors and Managers lead all major projects, and appropriate resourcing is considered as part of the project initiation for each workstream.

PROJECT ROLES AND RESPONSIBILITIES**Project Sponsor****Outline**

The Project Sponsor is ultimately responsible for the project and its overall business assurance i.e. that it remains on target to deliver the outcomes that will achieve the anticipated business benefits and that the project will be delivered within its agreed tolerances for budget and timescale.

The Project Sponsor is also responsible for securing investment and resources for the project from the NHS Lothian Board, acting as a vocal and visible champion for the project within the organisation, legitimising the goals and objectives, and keeping abreast of major project activities.

Project Director**Outline**

The Project Director provides the interface between project ownership and delivery acting as a single point of contact with the project team for the day-to-day management. The Project Director is responsible for ongoing management on behalf of the Project Sponsor to ensure that the desired project objectives are delivered.

Senior User**Outline**

The Senior User is accountable for ensuring that requirements have been clearly and completely defined and that the proposed development is fit for purpose and fully meets user needs. Following the principles of PRINCE2, the senior user has primary responsibility for quality assurance and represents the interests of all those who will use, operate, and maintain the hospital facilities.

Project Manager**Outline**

The Project Manager is responsible for ensuring that the project delivers the project outcomes to the required standard of quality and within the specified constraints of time and cost.

Capital Planning Manager**Outline**

The Capital Planning Manager provides support and expertise to the service management and user departments for capital projects with particular emphasis on business case development, design, construction and transition to ensure the effective delivery of the capital projects and smooth transition into the operational phase.

GLOSSARY OF TERMS

- **Accident and Emergency (A&E)** – department for emergency healthcare
- **Achieving Excellence Design Evaluation Toolkit (AEDET)** – a toolkit used to evaluate a design using a series of clear, non-technical statements encompassing three key areas of impact: Impact, Build Quality and Functionality.
- **Astley Ainslie Hospital (AAH)** – hospital managed by NHS Lothian based in Edinburgh providing physical rehabilitation inpatient and outpatient healthcare for patients locally, regionally and nationally.
- **BioQuarter** – technology and research life sciences infrastructure development in Edinburgh.
- **Building Research Establishment’s Environmental Assessment Method (BREEAM)** – standards for best practice in sustainable building design, construction and operation which are set against benchmarks to evaluate a building’s specification, design, construction and use.
- **Change Fund** – Scottish Government allocation fund to enable health and social care partners to implement local plans for making better use of their combined resources for older people’s services providing bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings.
- **Community Benefit** – contractual requirements which deliver wider social benefits in addition to the main purpose of the contract.
- **Community Health (and Care) Partnership (CH(C)P)** – committee of the Health Board which develops local community health services, in partnership with their local authority partners to ensure seamless and integrated health and social care services.
- **Design Action Plan** – encompasses NHS Lothian’s commitment to achieving design quality and sets out how it will deliver it.
- **Design Champion** – appointed Board Member providing overarching vision of work carried out under the design quality initiative.
- **Full Business Case (FBC)** – the third stage in the business case process. This takes place within the procurement phase of the project, revisits the OBC and records findings of subsequent procurement.
- **General Medical Council (GMC)** – non-departmental public body responsible for protecting, promoting and ensuring proper standards in the practice of medicine. The GMC took over responsibility for postgraduate medical education and training from Postgraduate Medical Education and Training Board (PMETB) in April 2010.
- **Health Associated Infection System for Controlling Risk In the Built Environment (HAI-SCRIBE)** – tool for engaging the collaboration and expertise from a wide range of healthcare experts in ensuring that key personnel involved in providing newly built, refurbished or extended healthcare establishment consider the Health Associated Infection risks.
- **Health Improvement Scotland (HIS)** – non-territorial NHS Health Board whose role it is to scrutinise and promote quality in the NHS in Scotland.
- **Health Improvement, Efficiency, Access and Treatment (HEAT) targets** – performance targets set by the Scottish Government in Health Improvement, Efficiency, Access and Treatment. These are agreed between the Scottish Government and NHS Boards in their Local Delivery Plans

- **Hubco South East Limited (hubco)** – Scottish Futures Trust procurement partnership company for key public sector agencies (such as NHS Boards and local authorities) in taking forward new construction and building work projects.
- **Improving Care, Investing in Change (ICIC)** – This group is made up of NHS Lothian's Executive Directors and senior operational and functional managers and is responsible for overseeing the development of strategy, taking into account the opportunities of community planning through local joint planning groups involving CHPs/ CHCP and the four Lothian local authorities.
- **Initial Agreement (IA)** – First stage of the business case process. This is where the position of the proposed project is established in relation to the overall organisation and service strategy.
- **Integrated Care Plan (ICP)** – a person-centred evidence based framework that tells multidisciplinary and multi-agency providers, people using services and their carers what should be expected at any point in a person's care.
- **Integrated Resource Framework (IRF)** – developed jointly with the Scottish Government, NHSScotland and Convention of Scottish Local Authorities (COSLA) to enable partners to be clearer about the cost and quality implications of local decision making about health and social.
- **Knowledge Exchange Systems** – working with Higher Education institutions jointly on research projects in institutions such as the NHS.
- **Living Our Values** – Human Resources strategy to ensure NHS Lothian provide leadership which is visible, accessible and involved, enhanced Health and Safety performance and make explicit what is expected from staff.
- **Local Delivery Plans** - sets out a delivery agreement between the Scottish Government Health Department and each NHS Board, based on the key Ministerial targets such as HEAT targets.
- **M&E (Mechanical and Electrical) Infrastructure** – the installations needed to provide services (electric, water, gas) essential to the functioning of the hospital.
- **Mental Welfare Commission Scotland (MWC)** – independent national organisation working to safeguard the rights of people with mental health and/or learning disability.
- **Millan Principles** – These developed by the Millan Committee which include non-discrimination, equality, respect and diversity and form the principles of the Scottish Mental Health Act (2003).
- **Non-profit Distribution (NPD) Model** – procurement model in which private sector vehicles are established to both fund and carry out project tasks such as design, construction and refurbishment of facilities. The level of return in NPD projects is capped as it is debt-based capital structure and generates no 'equity' profits for private sector vehicles.
- **Outline Business Case (OBC)** – second stage in the business case process. This revisits the IA in more detail and identifies a preferred option which demonstrably optimised value for money and emphasises sustainability.
- **Office of Government Commerce (OGC) Gateway** – provide review process examining programmes and projects at key decision points in their lifecycle.
- **Public Social Partnership** – strategic partnering arrangement which involves the third sector in design and commissioning of public services.
- **PRojects IN Controlled Environments (PRINCE2)** – process-based project management methodology.

- **Royal Edinburgh Hospital (REH)** – hospital campus managed by NHS Lothian's University Hospital Division in Edinburgh providing mental health and learning disability inpatient and outpatient healthcare for patients locally, regionally and nationally.
- **Scottish Capital Investment Manual (SCIM)** – guidance for the procurement and development process of infrastructure projects in NHS Scotland.
- **Scottish Health Technical Memoranda** – best practice in engineering policy and standards.
- **Scottish Indices of Multiple Deprivation (SIMD)** - key tool for identifying the ongoing problem of area concentrations of deprivation and the specific issues and challenges that these areas face.
- **Scottish Planning Note** – planning guidelines, advice and policy used in the planning of facilities.
- **Senior User** – PRINCE2 terminology. The Senior User is responsible for specifying the needs of those who will use the final product, user liaison with the project team and for monitoring that the solution will meet those needs within the constraints of the business case in terms of quality, functionality and ease of use.
- **SMART (South East Mobility and Rehabilitation Technology Services) Centre** - provides rehabilitation technology services for the South East of Scotland including mobility and posture services (wheelchairs and special seating), prosthetics, and bioengineering services (artificial limbs and special equipment) and a Disabled Living Centre for patients in Lothian, Fife and the Borders.
- **South East and Tayside Regional Planning Group (SEAT)** – NHS Health Board regional planning group for regional services in Lothian, Fife, Borders and Tayside.